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2 4 10) 2 2 4 10)	3. SE	× MALE		RACE WHITE		S. DATE O	of'Birth VBER°21, 1917	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
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ond co		WAS DECEASED EVER YES. NO OR UNKNOWN)		WAR OR DATES	218 09		17. INFORMANT  CLINICAL REC	ADDRE		CT.I.I.OT	MTO
ow requires that the death is been signed by the attend rmit. Then please remove coprior to buriol, cremation, cony injury, or ather traumon	CERTIFICATION	Conditions, if ony, gove rise to imm couse (b), storin underlying couse PART 2. OTHER SIGN	nedipte g the lost. NIFICANT CO	(c) ONDITIONS <u>CC</u>		ENCE OF	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	20b. IF YES, V		IGS USED
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by the hor ERAL DIREC e detoched State Dept.		226. SIGNATURE	D		de		DEGREE ATTENDING PHYSICIAN	MEDICAL STA ☐ DIRECTOR ☐ PHYSIC	FF X	12/10	SIGNED 0/80
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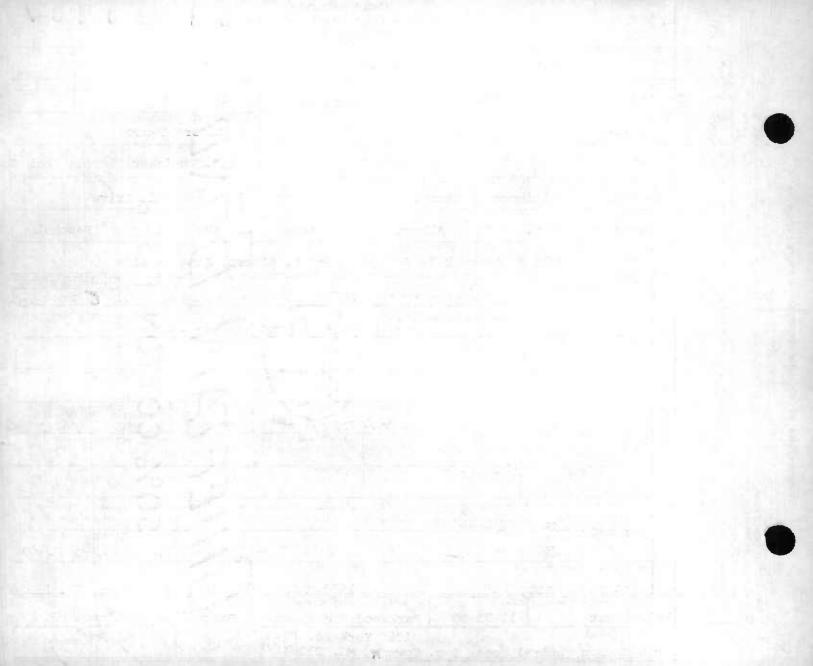
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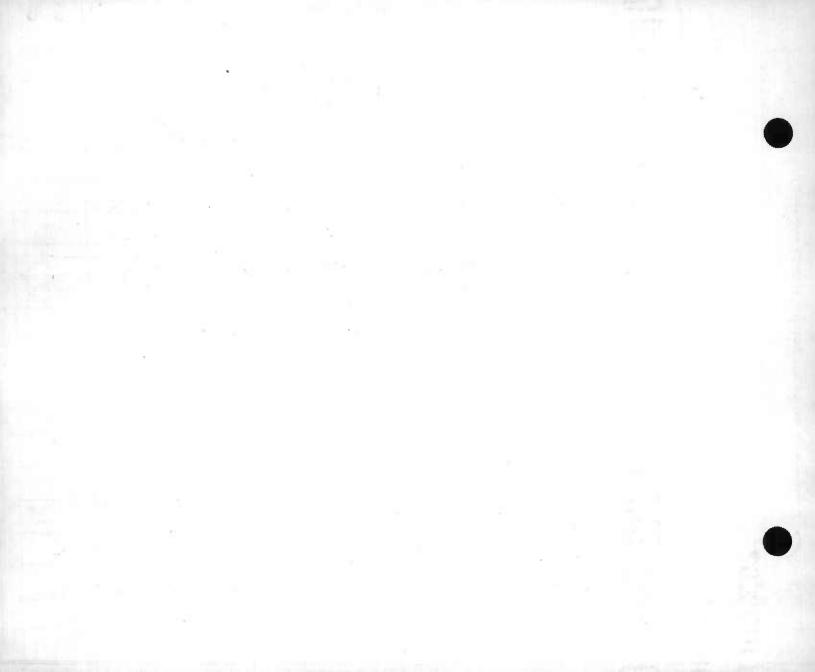
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5	1.	FOR - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	0 2	0 7
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ge 4 moy ecrer, pag irs other de	3. SE	x Male	White	5. DATE	of Birth	6. AGE (IN YEARS LAST BIRTHDAY)  62 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
of n 72 house	V	RTHPLACE (STATE OR FOREIGN COUNTRY)  irginia	U. S. A.	MARRIE		Baltimore Cour		MD.
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filled in ould be must be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE  ryland  13b CQU Bal	JNTY 13c. CITY	OR TOWN	138. INSIDE CITY LIMITS?	13e STREET ADDRESS Dale	Drive	
MARYLAND 2120 red within 24 hours ampletely filled in by and 2 should be fill exominer must be n		James	S. MIDDLE	Albert	15. MOTHER'S MAIDEN NA Anne	Lue Lue	Pâ	aschal
mond ca	160 \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC LE WAR OR DATES!	37-07-315	Fern T. Al	ADDRESS Lbert, Same As #	13e	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, NG PHYSICIAN: The law requires that the death certificate be execut oftending physician and cost the burial-transit permit. Then please remove carbon papers. Pages I thou Amental Hygiene prior to burial, cremation, or removal.  orked or them 18 shows any injury, or other traumotic event, the medical and a shows any injury, or other traumotic event, the medical contents.	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	ONSEQUENCE OF	adenoter of Al	tomach_	IVEN IN PART 1:	0)
VITAL RECOR	CERTIFICATION	19a. DATE OF OPERATION  12-1-80  71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	BOWEL  21b. TIME OF INJURY	OBSTRU	ON WAS PERFORMED  C 770 V  21c. HOW INJURY OCCUR	IN CERT	ES, WERE FINDI	NGS USED S OF DEATH? NO
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OR ATTENION PROPINED TO THE PR		220.1 certify that (If this hasp sow the deceased alive a above. (IR)we) (did) (did) 22b. SIGNATURE		0.0	nd that in (My) (our) opinion  DEGREE  ATTENDING	deoth occurred on the date and he  MEDICAL STAFF  J DIRECTOR PHYSICIAN	our and from the	that (*(we) last couses stated SIGNED
TO HOSPITAL retained by the TO FUNERAL should be deto with the Stote IMPORTANT: If	720	22d PHYSICIAN'S NAME (TYPE  Roberto Ferr BURIAL CREMATION REMOVA	er, M.D.	122, NAME OF	22e ADDRESS	Dr. Suite 304, T	owson,	Md. 21204
BP		SPECIFY) COMDMENT	12-31-80	The state of the s	od Mausoleum	Parkville, B	altimore	e Md STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR NAME LCK Towson Fune		ADDRESS 1050	York Rd. 250 RAT	FREC'D BY REGISTRAR 11	my town	RIPE -





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

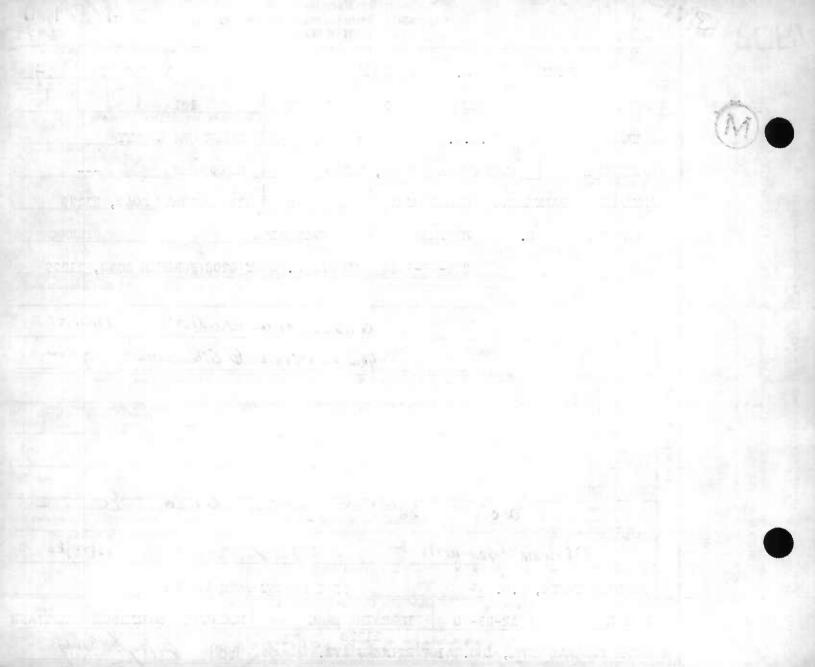
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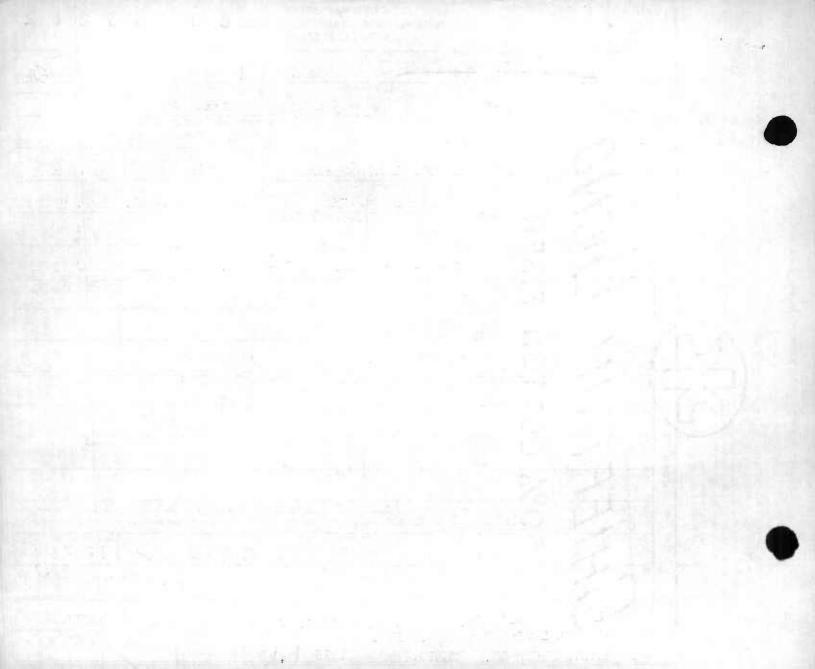
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME YEAR 26 HOUR (TYPE OR PRINT) AROL 80 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 4 RACE YEAR To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY MARYLAND IMORE WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SLICH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Owings Mills Rosewood Center NONE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 CQUATY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Md. Dumbarton Rd 4 FATHER'S NAME S MOTHER'S MAIDEN NAME N MIDDLE FIRST MIDDLE puo Harold Andrews Emma Butner 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT Pages (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 219 Mr. Jack Steele 427 Dumbarton Rd. 20 609 nt, th APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c) PART I DEATH WAS CAUSED BY PHRUMONIA IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF SYMORONE Conditions, if any, which other tro gove rise to immediate couse lo , stoting the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION be 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď IN CERTIFYING CAUSES OF DEATH? be YES T NO [ and Mental Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL morked or Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from 12 sow the deceased alive on \_\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death Hem DEGREE 22c. DATE SIGNED 22b. SIGNATURE + ATTENDING MEDICAL STAFF be deta State PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT: 22e ADDRESS ould b ŧ 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE CITY OR TOWN COUNTY (SPECIFY) Buria] Holy Cross Cemetery Brooklyn 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 George J. Gonce 4001 Ritchie Hgwy. Balto 21225 (VR A 15 (4))

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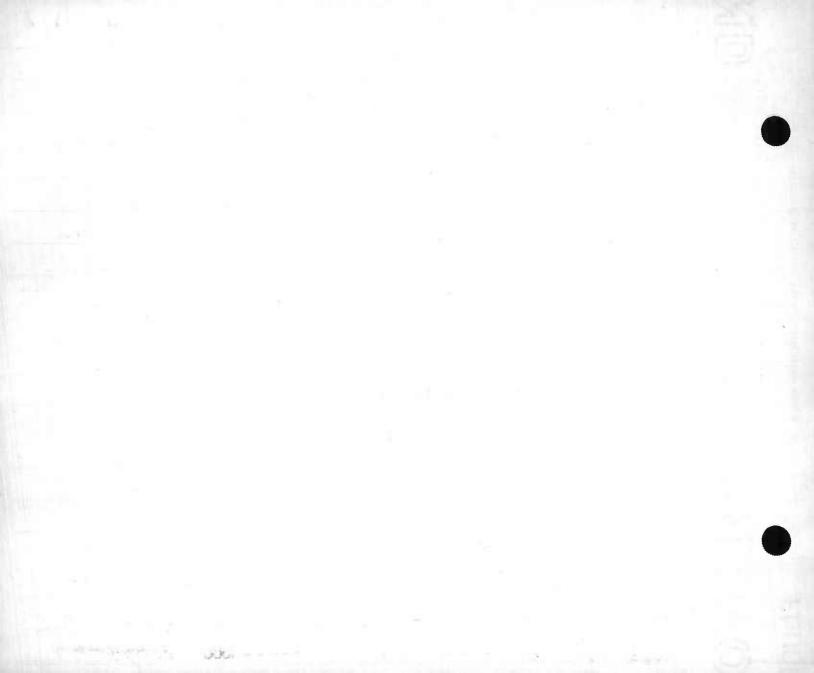
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201  S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AND RITHOG THE WORD. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND ROBE TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN 35 SHOULD BE USED AS A BURBLATTRANSIT PERMIT, PAGES 1 AND 2. SHOULD EDEARTMENT OF HEALTH AND MENTAL HYGENE, DIVISION OF VITAL RECORD PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASI	E DR CONDITION GIVEN IN PART	1 (a).			
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TO MEDICAL EXAMINER:  EXECUTE THE CERTIFICATE,  AGGE 4 SHOULD BE FORP  TO FUNERAL DIRECTOR,  AFTER DEATH, WITH THE SI  BALTIMORE, MARYLAND, 21		EXAMINER'S NAME (TYPE OR PRINT)	Charles I	F. O'Donne	11	7501	York Road	Towson	Maryland	d 
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Ruck Towson Funeral Home, Inc. Towson, Maryland

(VRA 15, 4)

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25a DATE REC'D. BY REGISTRAR 25b. REGISTRA

FOR

24. FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore, Maryland

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ARC: TENED 1:30E DOROTHY MINCHALL WATERNOON FALTIMORE, COUNTY TOWSOM GREATER BALTINEME MEDICAL CTR. A 1880 March 1880

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in by the funeral director should be defacthed for use as the busial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours off with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND 3 2 0 FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG	GISTRAR				CEKITIFIC	ATE OF DEATH		REG. N	10.			
1 DECE ASI		FIRST	MIDDLE		LAS	ī	20. (	DATE OF DEATH		DAY YEAR	26 HOU	R
(TYPE OR PRI	INT)	Arnolo	d Merl	e BA	LL		1	December	23, 19	080	2:40	5 P.
3. SEX			RACE		S. DATE OF	BIRTH	6. A	GE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS
	m		W		HTMOM	9/4/28		52	YRS.	NONTHS DAYS	HOURS	MIN.
	LACE (STATE OF	FOREIGN 7b	CITIZEN OF WHA	T COUNTRY?	В	4	9. B	ALTIMORE CITY		OF DEATH		
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14. FATHER	FIRST	one MID	DLE	tAST	1	5. MOTHER'S MAIDEN	NNAME	MIDDLE		ŁA!		
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	ANT I. DEATH	IMMEDIATE (		450	1 HC	HELE	24			60	mi	ws.
6.	+14/		DUE TO, OR AS	CONSEQUEN	ICE OF		1	7	1			
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gov	ve rise to im ise (o), stati	mediote	DUE TO, OR AS	A CONSEQUEN	ICE OF		9-17			1		
	erlying cous		(a)	A CONSEQUEN	CE 01							
PAR	T 2. OTHER SIG	NIFICANT CON	NDITIONS CONTR	IBUTING TO DE	ATH BUT N	OT RELATED TO THE	TERMINAL	DISEASE OR COM	IDITION GIV	EN IN PART 1	01	
Z O												
CERTIFICATION 190. D	DATE OF OPERA	ATION	196. CONDITION	FOR WHICH O	PERATION	WAS PERFORMED	21	a AUTOPSY?	20b. IF YES	WERE FINDI	NGS USE	
Ē								ES NOT		YING CAUSES	OF DEAT	
210	ACCIDENT WAS UN	DERLYING	216. TIME OF INJ	URY	1	21c. HOW INJURY OC					140 [	
000	ONTRIBUTING	the state of the s	HOUR A.M.		YEAR			ENIER INFIGRE OF ITS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	att i gatt att at		
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	SIGNATURE	did laid no v	new rebody offer	deoin.	DE	GREE				22c. DATE	SIGNED	
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224	PHYSICIAN SN	AME CONTORN	101	~		PHYSICIA 22e ADDRESS	AN	RECTOR   PHYS	CIAN	IX-1	120	1 60
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230 BURIA	L, CREMATION	REMOVAL	23b. DATE			METERY OR CREMATO	ORY 2	3d. LOCATION		THE	-21	
(SPECIF		A .	/ . /	0 HE	7// 6	. ////		CITY OR TOWN		COUNTY	3 3	TATE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

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FOR - STATE REGISTRAR DECEASED NAME

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COUNTRY) Sicily 10. CITY OR TOWN OF DEATH

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MPORTANT: If Ite

Maryland

John

(YES, NO OR UNKNOWN)

No

14. FATHER'S NAME FIRST

Male O BIRTHPLACE (STATE OR FOREIGN

Towson

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTI

160. WAS DECEASED EVER IN U.S. ARMED FOR

18 CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY:

3 SEX

FIRST

136 COUNTY Baltimor

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7b. CITIZE

11. NAM (IF NO St

MIDDLE

(IF YES GIVE WAR OR DA

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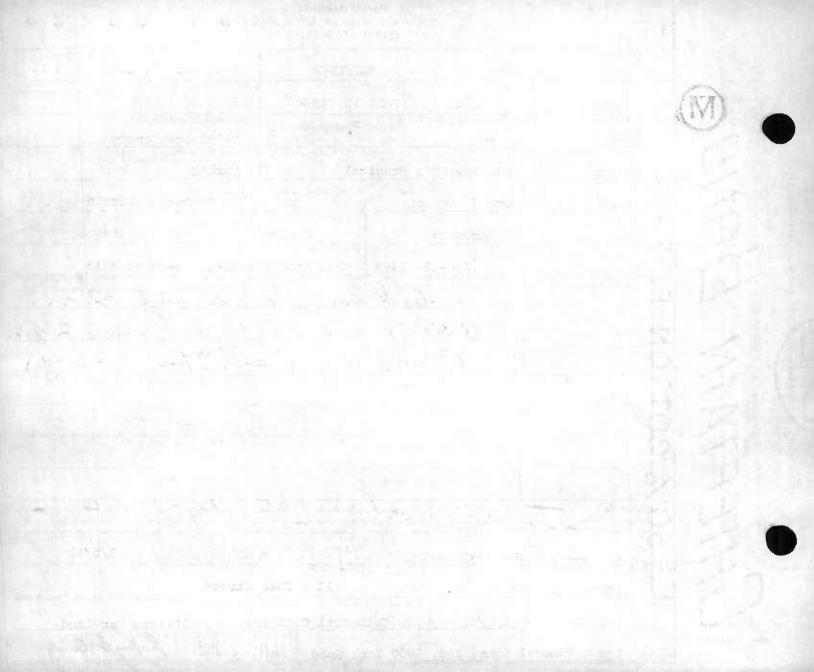
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DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 3 0 2 2	3
MIDDLE	LAS1	26. DATE OF DEATH MONTH DAY YEAR 26. HOUR	
	BARBUSCA	December 31, 1980 9 P	• M
White	5. DATE OF BIRTH Feb. 12, DAY 1904 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS TO YES.	4 HRS
. Joseph's	Hospital	9 BALTIMORE CITY OR COUNTY OF DEATH  Baltimore County  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Barber  12b KIND OF BUSINES INDUSTRY	MD.
131. CITY OR TOW TOWSON	N 13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 710 Camberley Circle	
Barbusca	15. MOTHER'S MAIDEN N. FIRST France	es Castagna	
220-03-8		Barbusca same as # 13	ing.
se per line for (a), (b), and	ul ves cula	APPROXIMATE INTERVENONSET AND D	EATH
(b) CONSEQUE	io silenou	all tus 25 y	n.
	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO Y  YES NO NO	
ME OF INJURY IR A.M. MONTH DA P.M.	YEAR 19 21t. HOW INJURY OCCU	RRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
ACE OF INJURY ME, STREET, FACTORY, OFFICE, F.	ARM ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY ST.	ATE
body after death.	and that in (my) (eur) epinion	, to, 19, that (I) (and death occurred on the date and hour and from the causes state	lost ted
reeman	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 1/5/81	
an, Jr. M.I		h Street	
	NAME OF CEMETERY OR CREMATORY  W Cathedral Cemet		ATE

Conditions, if any, which gove rise to immediate couse (o), stoting the DUE underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIO CERTIFICATION 19a DATE OF OPERATION 19b. C 21a ACCIDENT WAS UNDERLYING 21b. T HOI OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e P (AT HC NOT WHILE ATWORK 22a.1 certify that (I) (this sow the deceased alive 226. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OR PRINT) Norman R. Freem 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR JAN Ruck Towson Funeral Home, Inc. 1050 York Road

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



7401 Belair Road

DHMH - 16 50M 7/77

(VR A 15 (4))

NAME

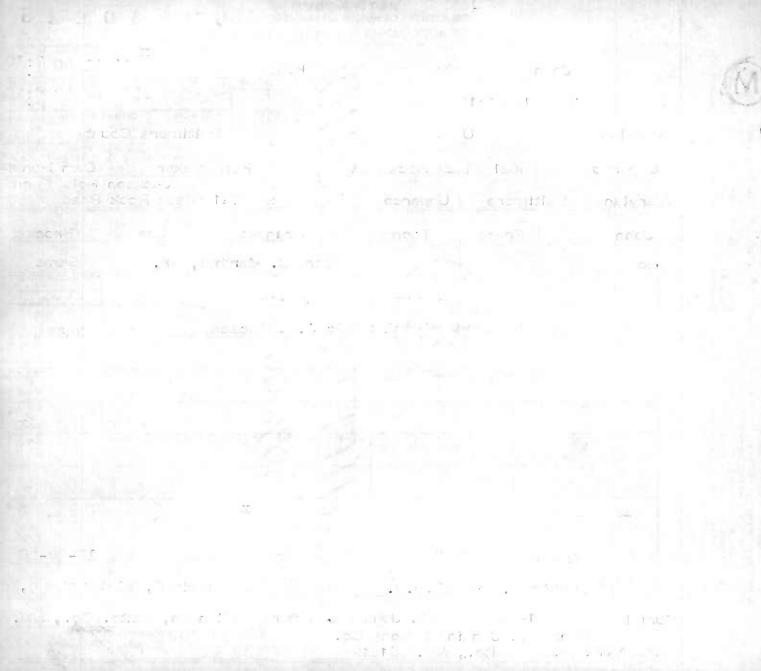
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0. CI1	Y OR TOWN OF DEATH	11. 1	NAME OF HOSP	ILITY, GIVE S	RSING HOME,	OR OTHE	RINSTITUTIO	NC	FOR MOST OF	CCUPATION F WORKING LIFE	TYPE OF WORK	12b. KIND O OR IND	F BUSIN	VESS
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		Baltin	nore	Up	perco		YES 🗆	NO 🔯	4021	Black	k Rock	Road	t	
4. FA	THER'S NAME FIRST	MIDE	DLE		LAST		15. MOTHER'S	SMAIDEN	NAME	MIDDLE		LAST		
	John	C	Pregg				F	ranc	es			E	Broc	oks
Oa W				16b. SOC	CIAL SECURITY	NO.			4				K.T.	
							Carl	C. I	Barthe	l, Sr	•	S	ame	2
	18 CAUSE OF DEATH (Er	ter only one	couse per line f	for (o), (b)	), and (c).)	1		511				APPROX BETWEEN	IMATE INT	ERVAL ID DEATH
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z	PART Z UTHER SIGNIFICANT CUNI	ITTONS CONTRI	BUTING TO DEATH BI	UT NOT RELA	TEO TO THE TERMI	NAL DISEASE	OR CONDITION G	IVEN IN PART	1 (a).					
Ĭ	19a. DATE OF OPERATION	1	196. CONDITI	ION FOR 1	WHICH OPERA	ATION W	S PERFORME	ED?	-			20. AUTO	PSY?	
												YES		<b>3</b> 00
E E		AS			DAY VET	21c. HO	W INJURY O	CCURRED	(ENTER NATURE	OF INJURY IN IT	EM 18 PART 1 OR PA			
3	UNDERLYING OR CONTRIBUTING CAUS	E OF DEATH		MUNTH										
Ď	21d. INJURY OCCURRED		21e PLACE O		(AT HOME,									
Σ	WHILE AT WORK	E 🗌	STREET, FACTO	PRY, FARM, E	TC.)	ST	REET		City	OR TOWN	cc	YTAUC		STATE
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and:	EXAMINER'S NAME (TYPE OR PRINT) May	tin 1	E.Stro	hel.	M.D.		DDRESS	59 H	anover	Roa	d.Rei	sters	tow	n, Md
3a.BU	RIAL, CREMATION, REMO					ETERY OR					COL	INTY	CTATE	
Bu	rial							tery	Gly	ndon,	Balto	. Co.	, 1	Nd.
4. FU	NERAL DIRECTOR Her	ry W	. Jenk	ins	& Sons	s Co	• 250	o. DATE RE					1-	
49	905 York R	oad	Balto.	, Mo	1. 21:	212		DEC	22 19	80	maland.	AN COM	7	
	SEX SUAINTENDED TO SEX SUAINTEND	OR DETERMINED TO THE RESIDENCE (IF IN NURSING SIGNATURE)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR CONTRIBUTION OR	- STATE REGISTRAR  DECEASED NAME (TYPE OR PRINT)  JOAN  SEX  4. RACE  5. D.  G. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  0. CITY OR TOWN OF DEATH  Upperco  SUAL RESIDENCE (IF IN NURSING HOME OR OTHE 13b COUNTY  Maryland  4. FATHER'S NAME (YES, NO, OR UNKNOWN)  NO  18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:  IMMEDIATE CA  Conditions, if ony, which gover rise to immediate couse (o) storting the underlying couse lost.  PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRI  19a. DATE OF OPERATION  19a. DATE OF OPERATION  19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED  WHILE ONT WHILE AT WORK  22a. Leertify that I took charge of the death resulted from: Natural couse (SPECIFY)  BUTTAL  3a. BURIAL, CREMATION, REMOVAL 23b. DATE  BURIAL CREMATION, REMOVAL 23b. DATE  14. FUNERAL DIRECTOR Henry WARNAME  124. FUNERAL DIRECTOR HENRY  4. FUNERAL DIRECTOR HENRY  WAS DECEASED EVER IN U.S. ARME (TYPE OR PRINT)  A. FUNERAL DIRECTOR HENRY  WALLE OF DEATH  A. FUNERAL DIRECTOR HENRY  WAS DECEASED EVER IN U.S. ARME (TYPE OR PRINT)  A. FUNERAL DIRECTOR HENRY  WAS DECEASED EVER IN U.S. ARME (TYPE OR PRINT)  A. FUNERAL DIRECTOR HENRY  WAS DECEASED EVER IN U.S. ARME (TYPE OR PRINT)  A. FUNERAL DIRECTOR HENRY  WAS DECEASED EVER IN U.S. ARME (TYPE OR PRINT)  A. FUNERAL DIRECTOR HENRY  WAS DECEASED EVER IN U.S. ARME (TYPE OR PRINT)  A. FUNERAL DIRECTOR HENRY  WAS DECEASED EVER IN U.S. ARME  A. FUNERAL DIRECTOR HENRY  A. FUNERAL DIRECTOR HENRY  WAS DECEASED EVER IN U.S. ARME  A. FUNERAL DIRECTOR HENRY  A. FUNERAL DIRECTOR HENRY  WAS DECEASED EVER IN U.S. ARME  A. FUNERAL DIRECTOR HENRY  A. FUNERAL DIRECTOR HENRY  WAS DECEASED EVER IN U.S. ARME  A. FUNERAL DIRECTOR HENRY  A. FUNERAL DIRECTOR	DECEASED NAME (TYPE OR PRINT)  JOAN  SEX  4. RACE  5. DATE OF BIRTH MONTH DAY  FOREIGN COUNTRY)  MARYLAND  0. CITY OR TOWN OF DEATH  Upperco  SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, ON BOLL OF MARYLAND  4. FATHER'S NAME FIRST  MIDDLE JOHN  CONTRIBUTING OR CONSTRIBUTING COUSE OS  PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BY CONTRIBUTION TO DEATH BY CONTRIBUTING TO DEATH BY CONTRIBUTION TO TO DEATH BY CONTRIBUTI	DECEASED NAME  DECEASED NAME  (TYPE OR PRINT)  JOAN  Thore  SEX  4. RACE  5. DATE OF BIRTH  W  10/21/18  6. BIRTHPLACE  (STATE OF WHAT COUN  MARYLAND  0. CITY OR TOWN OF DEATH  UDPERCO  SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE)  10. STATE  113b COUNTY  MARYLAND  4. FATHER'S NAME  FRST  MIDDLE  JOHN  6. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which  gove rise to immediate couse (o) stoting the under- lying couse lost.  (c)  PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  19a. DATE OF OPERATION  19b. CONDITION FOR  21a. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  CONTRIBUTING CAUSE OF DEATH  AT WORK  21a. INJURY OCCURRED  WILLE  AT WORK  21a. INJURY OCCURRED  WILLE  AT WORK  22a. Legrify that I took charge of the remains described obod death resulted from: Notural couses  ACCIDENT  ACTUAL  SIGNATURE  EXAMINER'S NAME  (TYPE OR PRINT) MARTIN E. STROBE I.  23c. BURIAL  4. FUNERAL DIRECTOR HENRY  V. JORGENINS  21a. EXTERNAL DIRECTOR HENRY  V. JORGENINS  23a. BURIAL  4. FUNERAL DIRECTOR HENRY  V. JORGENINS  21a. EXTERNAL DIRECTOR HENRY  V. JORGENINS  21b. TIME OF INJURY  ACCIDENT  ACCIDENT  ACCIDENT  4. FUNERAL DIRECTOR HENRY  V. JORGENINS  21a. EXTERNAL DIRECTOR HENRY  V. JORGENINS  21b. TIME OF INJURY  HOUR A.M. MONTH  P.M.  21c. PLACE OF INJURY  ACCIDENT  ACCID	DEPARTMENT OF MEDICAL EXAMIN  DECEASED NAME (179F OR PRINT)  JOAN THOMAS  SEX 4. RACE   S. DATE OF BIRTH    W 10/21/18   6. AGE IN YEAR    GO BIRTHPIACE (STATE OR NOME)    ONE OF WATYLAND    GO BIRTHPIACE (STATE OR NOME)    ONE OF WATYLAND    GO CITY OR TOWN OF DEATH    UDOPECO   4021 Black Rock    SIDUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESPONCE REFORE ADMISSING HOME OR OTHER THISTITUTION, GIVE RESPONCE REFORE ADMISSING HOME OR OTHER THISTITUTION, GIVE RESPONCE REFORE ADMISSING HOME OR OTHER RESTITUTION, GIVE RESPONCE REFORE ADMISSING HOME OR OTHER WIND RESTITUTION, GIVE RESPONCE REFORE ADMISSING HOME OR OTHER WIND RESTITUTION OF OR OTHER HOME.  ISOURCE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  OUT O, OR AS A CONSEQUENCE OR (c)  (c)  DUE TO, OR AS A CONSEQUENCE OR (c)  (c)  PART 2 DIRER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINAT	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C  DECEASED NAME (INTEGRE PRINT)  JOAN  Thomas  SEX  4. RACE  5. DATE OF BIRTH MODIE  JOAN  Thomas  SEX  4. RACE  5. DATE OF BIRTH MODIE  JOAN  THOMAS  BUNIAL  ACTUAL  SIDATE MODIE  JOAN  THOMAS  BUNIAL  ACTUAL  STREET, SAME MODIE  JOAN  ACTUAL  STREET, SAME MODIE  JOAN  ACTUAL  STREET, SAME MEDICAL EXAMINER'S C  MEDICAL  MEDICAL EXAMINER'S C  MEDICAL  MEDICAL EXAMINER'S C  MIDDIE  MIDDIE  MIDDIE  MIDDIE  JOAN  THOMAS  BUNIAL  MIDDIE  MIDDIE  JOAN  ACTUAL  STREET, SAME MEDICAL  ME	DEPARTMENT OF HEALTH AND MEN MEDICAL EXAMINER'S CERTIFIC.  DECEASED NAME (ITTY OR FRANT)  JOAN  SEX  1. RACE  S. DATE OF BIRTH MOMIN DAY  YEAR  1. SAGE (IN YEAR)  JOAN  TOMMAS  S. DATE OF BIRTH MOMIN DAY  YEAR  1. AGE (IN YEAR)  JOAN  TOMMAS  S. DATE OF BIRTH MOMIN DAY  YEAR  1. AGE (IN YEAR)  JOAN  TOMMAS  S. DATE OF BIRTH MOMIN DAY  YEAR  1. AGE (IN YEAR)  JOAN  TOMMAS  JOAN  JOA	STATE   REGISTAR   MEDICAL EXAMINER'S CERTIFICATE O	DEPARTMENT OF HEALTH AND MENTAL HYGIEN STATE REGISTRAR  MEDICAL EX AMINER'S CERTIFICATE OF DEATH  MEDICAL EX AMINER'S CERTIFICATE OF DEATH  JOAN Thomas BARTHEL  DE SEX 4. RACE JOAN THAN BART OF BRITH JOAN TOMAS BARTHEL  DE SEX 1. SAFE OF BRITH JOAN TOMAS BARTHEL  DE SEX 1. SAFE OF BRITH JOAN TOMAS BARTHEL  DE SEX 1. SAFE OF BRITH JOAN TOMAS BARTHEL  DE SEX 1. SAFE OF BRITH JOAN TOMAS BARTHEL  DE SEX 1. SAFE OF BRITH JOAN TOMAS BARTHEL  DE SEX 1. SAFE OF BRITH JOAN TOMAS BARTHEL  DE SEX 1. SAFE OF BRITH JOAN TOMAS BARTHEL  DE SEX 1. SAFE OF BRITH JOAN TOMAS BARTHEL  DE SEX 1. SAFE OF BRITH JOAN TOMAS BARTHEL  DE SEX 1. 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DEATH MARKET  TO ESTIT 12 21 10  SEX   SARCE   SOATE OF BRITH   MODER 14 RS   MODER 14 RS	DEPARTMENT OF HEALTH AND MENTAL HYGIENG



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Eline Funeral Home, Hampstead, Md.

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4) 1/79

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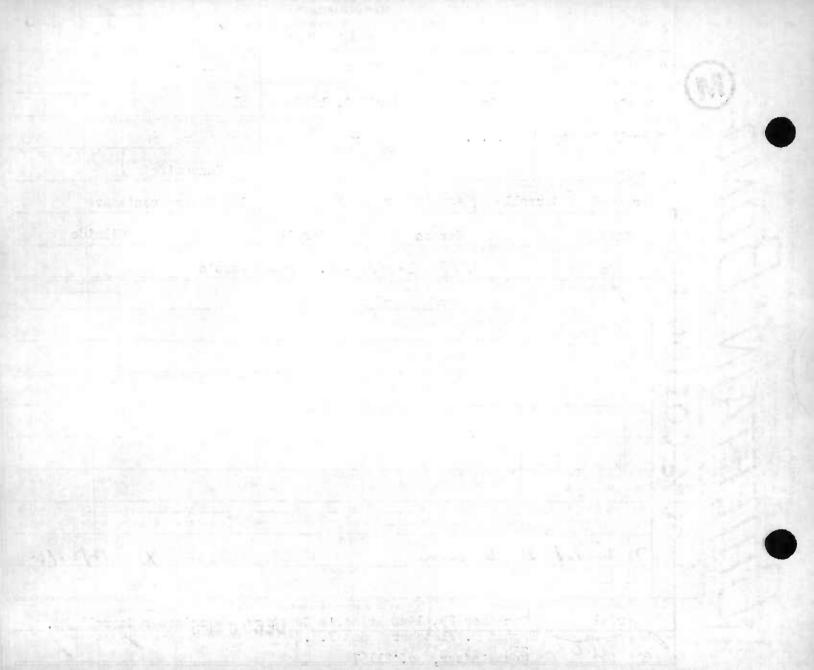
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 28 DATE OF DEATH MONTH 2b. HOUR December 14,1980 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH HOURS April 10.1924 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWEDXX DIVORCED T Baltimore County, NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Patapsco Avenue Supervisor Beth Steel 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 30 Patapsco Ave. 21222 YES 🗌 NOX 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE Mabel LeBrun Bates ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 212-20-4928 Mrs. Jean A. Leitz (same as line APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH years 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK YES [ NO [ 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) YEAR 19 211 LOCATION CITY OR TOWN COUNTY STATE 1972 10.14.80 ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated DEGREE 22c DATE SIGNED / MEDICAL ATTENDING . STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 404 Bowley Quarters Road 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY

DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS PERFORMED HOUR A.M. MONTH DAY 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220 | certify that (1) this hospital) attended the deceased from. sow the deceased alive on 12-13-60 obove (11 we) (did) (did not view the book after death Yukna, MD. (SPECIFY) /80 Baltimore, Maryland Burial Oak Lawn Cemeterv 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATU 24 FUNERAL DIRECTOR ADDRESS Duda-Ruck Funeral Home of Dundalk, Ind.

Scotter March 200

Female    BIRTHPLACE   STATE OR FOREIGN   TOURNING     Carroll County     County   County     County   County     County   County     Towson     USUAL RESIDENCE (IF NURSING HOME OF CAUNTY     County   County     County   County     Father's NAME	4. RACE White 7b. CITIZEN OF WHAT COUNTRY? U.S.A.  11. NAME OF HOSPITAL, NURSH LENOT HA SUCH FACILITY, GIVE STREET St. Joseph Hos OTHER INSTITUTION GIVE RESIDENCE BEFOR ITY COLL MADDLE LAST	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   NG HOME OR OTHER INSTITUTION (ADDRESS)  SPITAL  (E ADMISSION)	9. BALTIMORE CITY OR COUNTY OF  Baltimore County  120. USUAL OCCUPATION	DEATH  72b. KIND OF BUSINESS NDUSTRY
Female    B. BIRTHPLACE   STATE OR FOREIGN   TOURNING     Carroll County     Carroll County     Cou	White  7b. CITIZEN OF WHAT COUNTRY?  U.S.A.  11. NAME OF HOSPITAL, NURSH (MENOT INSUCH FACILITY, GIVE STREET  St. Joseph Hos  OTHER INSTITUTION GIVE RESIDENCE BEFORE  TY  COLL  ADDLE  ADDLE  LASI	April 3,041899 DAR B. MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCES BETAL  BEADMISSION DATE OF THE MISSION DIVORCED DIVORC	9. BALTIMORE CITY OR COUNTY OF  Baltimore County  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  HOUSEWIFE	DEATH  26. KIND OF BUSINES: NDUSTRY
Carroll County  O CITY OR TOWN OF DEATH  TOWSON  USUAL RESIDENCE (# NURSING HOMEOR CITS OUNT)  Maryland  A. FATHER'S NAME  FIRST  Charles	U.S.A.  11. NAME OF HOSPITAL, NURS II LENOT IN SUCH FACILITY, GIVE STREET  St. Joseph Hospitals  OTHER INSTITUTION GIVE RESIDENCE BEFORE  TY  COLL  ADDLE  LAST	MARRIED   NEVER MARRIED   WIDOWED DIVORCED   NG HOME OR OTHER INSTITUTION TAODRESS! Spital IE ADMISSION! VALUE   134   INSIDE CITY LIMITS? YES NO	Baltimore County  Baltimore County  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  HOUSEWIFE	126. KIND OF BUSINESS NDUSTRY
Towson  USUAL RESIDENCE (IF NURSING HOMESTE COUNTY Maryland Carr  4. FATHER'S NAME FIRST Charles	St. Joseph Hos  St. Joseph Hos  Other institution, give residence before  132. CITY ORTOV  COLL  ADDLE  ADDLE	Paoness)  E ADMISSION   134 INSIDE CITY LIMITS?  YES TO O	(TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	NDUSTRY
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6a WAS DECEASED EVER IN U.S. ARM	Harmon	Carrie		ilhi'de
	WAR OR 0.3550	urity no. 17 informant /570 Mrs. Doroth	ADDRESS ny Martin	
	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO	ENCE OF	AINAL DISEASE OR CONDITION GIVEN II	N PART I(0)
19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WE IN CERTIFYING YES NO YES YES	ERE FINDINGS USED G CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE	P.M. 21e. PLACE OF INJURY	AY YEAR  19  21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM TO PART I	OR PART 2)  COUNTY STAT
		DEGREE ATTENDING	MEDICAL STAFF	thot the (we defrom the couses state 221. DATE SIGNED
		7620 York	Road, Towson, Md.	21204
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE SAT WORK  22a. Certify that Hz (this hospit sow the deceosed alive an above, X (we) (did) (XXXXXII) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OF NATIVIDAD D. 6	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d. I certify that & (this hospital) attended the deceosed from Sow the deceosed olive on Dec. 26 19 obove, & (we) (did) (**XXX**) view the body after death.  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  Natividad D. deLeon  UCRIAL, CREMATION, REMOVAL 23b. DATE 23c.	P.M.   19   21d. INJURY OCCURRED   P.M.   19   21f. LOCATION   STREET   AT WORK   NOT WHILE   NOT WHILE	P.M.   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)   21f. LOCATION   STREET   CITY OR TOWN

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH 7h HOUR

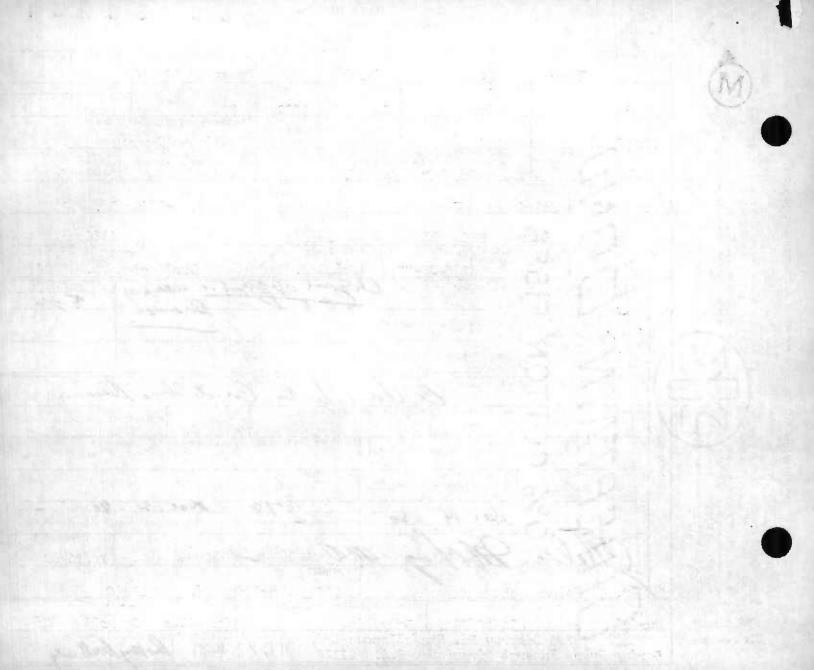
1 - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Beimschla December 20, 1980 F.7mer 3 SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Male White 25 7906 TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Mamy Land WIDOWEDE Baltimore County DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 2a USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 2422 North Rolling Rd. Woodlawn Retired Bartender USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Raltimore Woodlawn 2422 N. Rolling Rd. YES [ NOn Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Elmer Beimschla George Bessie 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS Edgewood, Md. 17 INFORMANT 628 Burlington Ct. 216-03-7714 Ethel E. Hafer No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) (1) force of Struppe PART I. DEATH WAS CAUSED BY () IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN, APPART 110 191 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 CITY OR TOWN STATE WHILE NOT WHILE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave (1) (wa) (did not) view the bady after death 774 SIGNAMER DEGREE 22c DATE SIGNED ATTENDING 12/22/80 PHYSICIAN DIRECTOR PHYSICIAN 724 PHIST IAN'S NAME (TYPE DEFRIN 22e ADDRESS 1132 N. Rolling Rd. J. Nelson McKar 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Sykesville 12/23/80 Lake View Carroll

DHMH-16 30M 2/80 (VRA 15, 4)

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24 FUNERAL DIRECTOR 8728 Liberty Rd. Randallstown, Md. Loring Buers Funeral Directors, P.A. 21133

250 DATE REC'D. BY REGISTRARI256 PEGISTRAR'S SIGNATURE



18	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLA LEALTH AND I LICATE OF D	MENTAL HYG	SIENE 8 O	NO.	3 0	2 3 2
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	3. SE	х	4	RACE		5 DATE		YEAR	& AGE (IN YEARS LAST	IRTHDAY)	WONTHS DAY	
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00		ATONSVILLE	TH 1	(IF NOT IN SUC	H FACILITY, GIVE	URSING HOME ( STREET ADDRESS) MAR AVEN			120 USUAL OCCUPA (TYPE OF WORK FOR MOS ELECTRIC	TOF WORKING	LIFE) INDUSTR	OF BUSINESS OR AL #26
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F \$ ₹ €	23a E	SURIAL, CREMATION, R	REMOVAL	23b. DATE		23c NAME OF	EMETERY OR	REMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
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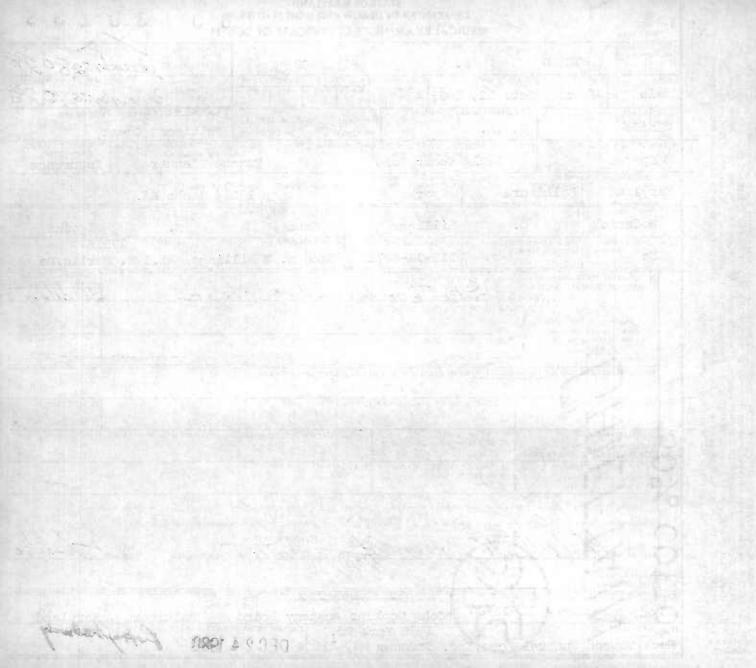
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-RONALD F. BILLINGS DEATH MATED 4 RACE 3. SEX 6. AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOU PRONOUNCED Male White Oct. 1938 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 5 FOR Canada (Country) MARRIED NEVER MARRIED U.S.A. Baltimore County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
16214 Yeoho Road Sparks 3. RETAIN PA SHOULD BE F I RECORDS, 3 Estate Planner Insurance USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore Sparks 13d. INSIDE CITY LIMITS? NO X 16214 Yeoho Rd. Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND OF VIT Roderick Billings Gene M. Wiggins 17. INFORMANT 16h. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION PAGES NO 212-36-4471 Gene M. & Billings, Rt.1 E. Berlin, Pa CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY JMMFDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO D BE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 218 PLACE OF INJURY (AT HOME 71d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK DIRECTOR: 22a. I certify that I taok sparge of the remains described above, held an Inspection Autopsy Inquiry death resulted fram; Homicide Undetermined monner TITLE ISPECIFY GE 4 SHOU FUNERAL DE TER DEATH, 2 MEDICAL EXAMINER SIGNED IMORE EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION 23c. NAME OF CEMETERY OF CREMATORY COUNTY Body Donation 12-23-80 John Hopkins Anatomy Board Baltimore BP. Maryland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S 5 1050 York Rd. DHMH - 17 (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towsonm Md, 21204 DFC 24 15M 7/77

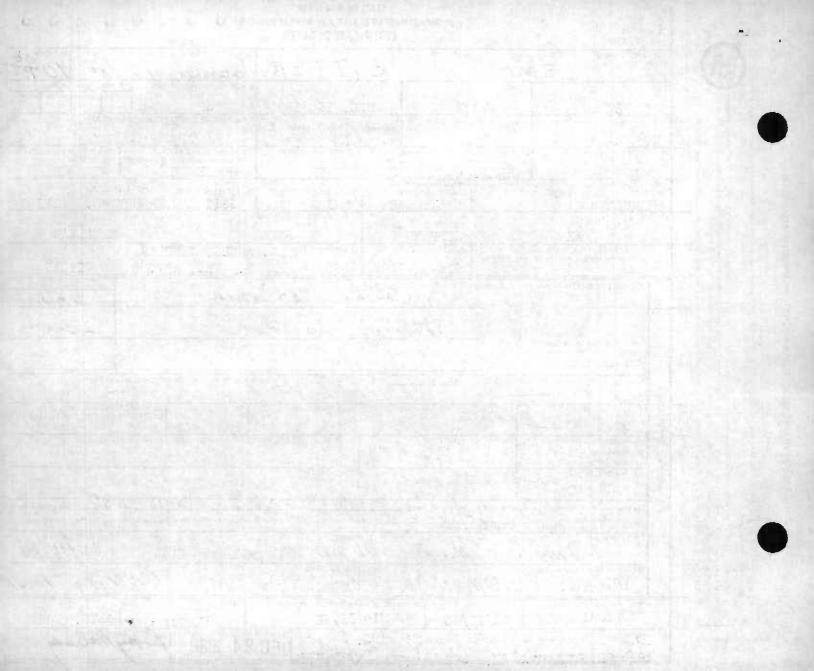


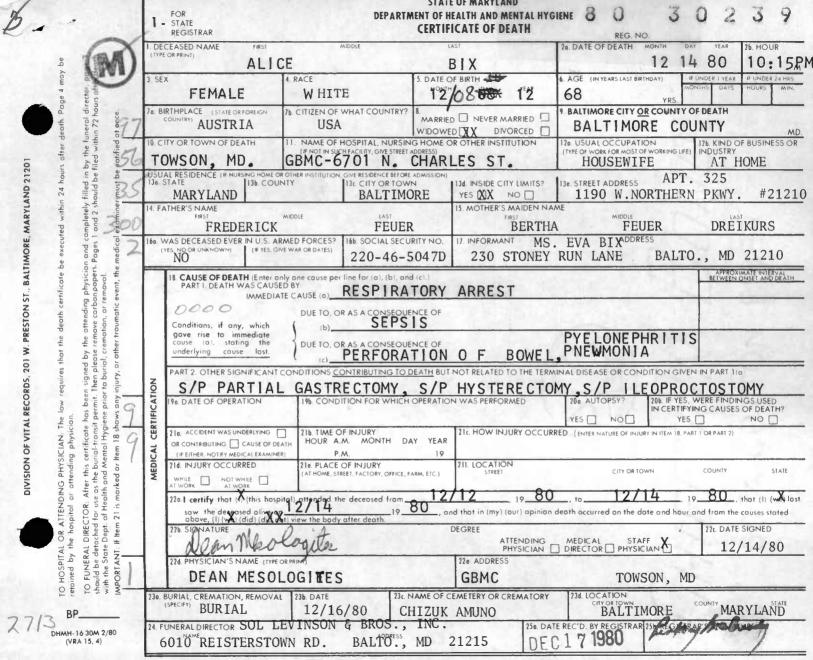
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RE, MARYLA ecuted within d completely es 1 and 2 sh icol examinet	14. F/	THER'S NAME WILLIAM F.	BIRKMAI	ER	IS. MOTHER'S MAIDEN N	INE WEI	551149	LAST	
be executed on ond control or ond control or	160 \	VAS DECEASED EVER IN U.S. ARA VES 100 OR UNKNOWN) (IFINES CIVE 1 OF THE PROPERTY OF THE PROPER	WAR OR DATES)	L SECURITY NO.	17. INFORMANT	ADD	OKUS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours cattending physician.  Were this certificate has been signed by the ottending physician and completely filled in by os the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be fill than Amental Hygiene prior to buriol, cremotion, or removal.  Or shows only injury, or other traumatic event, the medical exaginine flust be good.	NC	RATE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CON  (b) Ling  DUE TO, OR AS A CON  (c)	ISEQUENCE OF	Lotern &	elorosia	ONDITION GIVE	9	MATE INTERVAL NISET AND DEATH HOUSE
ITAL RECOR	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?  YES □ NO		WERE FINDIN	
ON OF VITAL RI HYSICIAN: The la ding physician. is certificate hos buriol-transit per Mental Hygiene or Item 18 shows		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT I OR PART 2)	
DING PHYSIC or attending After this cert is as the buriol alth and Mental morked or then	MEDICAL	21d INJURY OCCURRED  WHILE ONOT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC )	21f LOCATION STREET	CITYOR	TOWN	COUNTY	STATE
TTENDI pital or TTOR: A for use of Heal		22a.1 certify that (I) (this hospite sow the deceased alive an above, (I) (a) (did) (did)	Dec 25	19 80 pr	d that in (my) (aua) opinion	to Dec			that (I) ( <del>Lee)</del> last couses stated
0 . 0 110 -		22b. SIGNATURE	hand		ATTENDING PHYSICIAN	MEDICAL SI	TAFF SICIAN []	220. DATE S	SIGNED 2 6.18
TO HOSPITAL OR A retained by the hos should be detached with the State Dept.		SAMUEL O	MANSKY		220 ADDRESS	LOCH RA	VENB	-00	BALTO.
₽₽ ₽₩ ¾ <u>₹</u>	23a. I	SURPO, CREMATION, REMOVAL	12-29-86	0 /	EMETERY OR CREMATORY	23d. LOCATION CIT OR TOWN	HIUM	BiHo	Co NO
DHMH-16 30M 2/80 (VRA 15, 4)	24 E	VAMS TUHERAL	charel 8	800 HAR	Ford RL DE	C 3 0 1090	AR 25b. REGISTR	AR'S SIONAT	PRE

8 1 0 0 0 0 And the second s The first of the f probably 0881 08 Jan

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26. DATE OF DEATH YEAR (TYPE OR PRINT) 4 RACE F UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS MONTH YEAR QAY5 DEC. 15, 1891 FEMALE WHITE 89 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND WIDOWED XX DIVORCED BALTIMORE COUNTY MAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IO. CITY OR TOWN OF DEATH 12s. USUAL OCCUPATION F NOT IN SUCH FACILITY, GIVE STREET ADORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE JEWISH CONVALESCENT CENTER HOUSEWIFE AT HOME W. PRESTON ST., BALTIMORE, MARYLAND 2120 OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ISUAL RESIDENCE (IF NUMBERS HE APT. 205 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS plac 3811 CANTERBURY RD. #21218 MARYLAND BALTIMORE NO 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDOLE LAST MIDDLE SMULLIAN puo **JEFFERS** SARAH MAX 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MR. AUGUST JEFFERS Pages medi IYES, NO OR UNKNOWN] LIF YES, GIVE WAR OR OATEST 215-01-6807 6520 PARK HTS. AVE., APT. B #21215 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ( PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIGHT CERTIFICATION prior 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 70s AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be Mentol Hygiene NO YES T NO T 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 MQNJH, DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 MEDIC 211. LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22s I certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE 22b. SIGNATURI 22c. DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN DONECTOR PHYSICIAN MPORTANT: be St 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 77e. ADDRESS ith the 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL STATE CITY OR TOWN BURIAL DRUID RIDGE BALTO. 12/18/80 MD PIKESVIII SOL LEVINSON & BROST 25a. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

6010 RELETERSTANDICOS





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3. SE	CEASED NAME FIRST I RENE  X Female IRTHPLACE (STATE OR FOREIGN Georgia ITY OR TOWN OF DEATH	M BLACK  A RACE White  7.6 CITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH  MONTH 20 1924  YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	10, 1980 11 A
3. SE 70. B	Female IRTHPLACE (STATE OR FOREIGN WHITE THE STATE OR FOREIGN WHITE THE STA	4 RACE White 76 CITIZEN OF WHAT COUNTRY?	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	10, 1980 11 4
7a. B	Female IRTHPLACE (STATE OR FOREIGN STATE OR FOREIGN FUNDING GEORGIA	4 RACE White 76 CITIZEN OF WHAT COUNTRY?	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
10. C	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	Jan. 20,1924 YEAR		
10. C	Athens Georgia			56	YRS.
Ja .	ITY OR TOWN OF DEATH	USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
USU	TOWSON	11. NAME OF HOSPITAL, NURSIN  IF NOT IN SUCH FACILITY, GIVE STREET.  GREATER BALT I		120. USUAL OCCUPATION	12b. KIND OF BUSINESS INDUSTRY Center
35	AL RESIDENCE (IF NURSING HOME OF STATE Md. 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE  13 CITY OR TOWN  WINGS	ADMISSION)  136 INSIDE CITY LIMITS?  YES NO	13e. SSPEE 3 DORESS nda	all Lane
30 H. F/	ATHER'S NAME Walter	MDDIE. Tilton	15. MOTHER'S MAIDEN N Elizabet!		leoek
160.	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECU 216-16-90		P. Blackburn	Jr. Owings Mill
		nly one couse per line for (o), (b), one ED BY: TE CAUSE (o) ADE NOCA	ARCINOMA OF THE	PANCREAS	APPROXIMATE INTERV. BETWEEN ONSET AND DI
N	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E	ENCE OF	minal disease or conditio	ON GIVEN IN PART 1(0)
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES \( \text{NO} \)
-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	- [1]
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STA
		ital) attended the deceased from 12/20 19	10/05, 1980 30, and that in (my) (our) opinio	n death occurred on the date on	20, 19 <mark>80, thot ()</mark> (we nd hour and from the couses state
	226. SIGNATURE  226. PHYSICIAN'S NAME ITYPE	taylol	DEGREE  ATTENDING PHYSICIAN  1226 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
1	NOEL E.		GBM(		
23a. l	BURIAL, CREMATION, REMOVAL SULTAL	236. DATE Dec. 23, 80	Evergreen Memoria	al Finksburg	
	UNERAL DIRECTOR	me Reisterstow	25a. D.	ATE REC'D. BY REGISTRAR 256. R	RESTRAR'S SIGNATURE



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TOWSEN GREATER BALTHMORE MED. CTE. in Falte, Colors Miller and Sales

Tilton Tilton Tilton Tilton 216-16-2002 Pr. William V. Manhours Dr. oring willing

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MOEL E. TANIDS, M.B. lea. 23, il interest as sear in take one, 24.

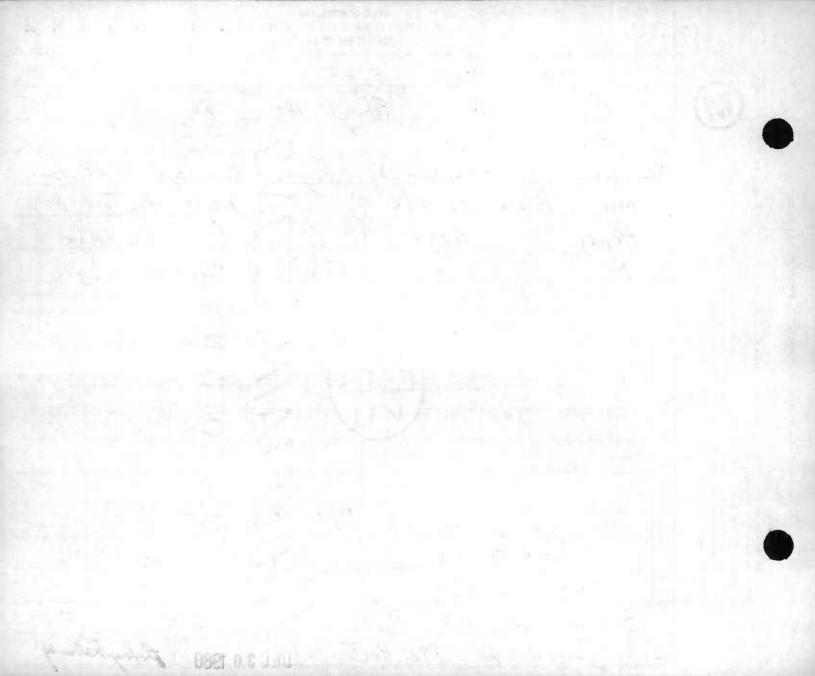
DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-RICHARD WEBSTER BLEDSOE, Sr. 12 29. 80 DEATH MATED 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White 30 10 80 April 22,1925 55 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Baltimore County X Maryland U.S.A. WIDOWED \_ DIVORCED PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 3 TO THER 18. MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE ED AS A BURIAL -TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W. I., CREMATION, OR REMOVAL. ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 5 Dundas Ct., Apt. A-3 Parkville Design Engineer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS NO K 5 Dundas Court Apt. A-3 Maryland Baltimore Parkville 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Bledsoe Webster George Dorothy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) WW II 219-18-9036 Richard W. Bledsoe, Jr. Mt. Airy, Md. Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Ruptured Myocardial Infarction IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION IE, WRITING THE WORD "PE RWARDED TO THE CHIEF N PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA ), 21201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 9h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO [ 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING XOR
CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I 220. I certify that I took charge of the remains described above, held an Inspection Homicide Undetermined manner Accident deoth resulted from: Natural causes TITLE (SPECIFY) ACTUAL 12/30/80 Assistant SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn St., Baltimore, Maryland (TYPE OR PRINT) SAL 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Dec. 30,1980 Loudon Park Crematory Baltimore. Maryland Cremation 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1050 York Road **DHMH-17** JAN (VR A15 ME (5) ) Ruck Towson Funeral Home, Inc. Towson, Md. 21204

15M 2/80

STATE OF MARYLAND

0.5 ENGL G-1.02 CT - 00 CT - 0 CT 10.00 The Paragraph of the State of t aue 13 30 12 ext 963, 216. 20 50 , 11. 11. 11.

7	FOR - STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3024
	ECEASED NAME FIRST PE OR PRINT)  Alice	Amelia	BLENKNER	December 24	10 110 011
) 3. S		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS HOURS A
35 4.1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? & MARRIED MEVER MARRIED WIDOWED DIVORCED	Baltimore City or C	OUNTY OF DEATH
57 6	essu. LLe	(IF NOT IN SUCH EACHLITY, GIVESTA	in Ja Hosy	120. USUAL OCCUPATION (TYPE GIVEN OF WE FOR MOST OF WE	ORKING LIFE) 12b. KIND OF BUSINESS INDUSTRY
USC 130	JAL RESIDENCE (IF NURSING HOME STATE 136 CQ	OR OTHER INSTITUTION, GIVE RESIDENCE BEF  OF THE STATE OF		13e STREET ADDRESS	HARFORD Rd
3:P	ATHER'S, NAME TIEMRA	MIDDLE BOS	15. MOTHER'S MAIDEN N	beth middle	Kniesche
160	WAS DECEASED EVER IN U.S. A (YES, NO OF UNITHOWN) (IF YES, (	REMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT CHARLES	H. Blenkn	0
NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC	DUENCE OF EMBOLI  DUENCE OF  ODEATH BUT NOT RELATED TO THE TER		ON GIVEN IN PART 1(a)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \bigcap \) NO \( \bigcap \)
9 18	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	HOUR A.M. MONTH P.M.	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN	LITEM 18 PART I ORPART 2)
MED	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY STAT
17		pital) ottended the deceased from 12/24/19 in 19 view the body after death.		death accurred an the date	and hour and fram the couses state
	22b. SIGNATURE A	lento, M.D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/24/80
No.	22d PHYSICIAN'S NAME (TYPE	(Vento	9000 Frankt	in Square Dr,	21237
23a	BURIAL CREMATION, REMOVA	12/29/80 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY MASTAT
24	NAME TONER	al chapel 88	00 Har Ford Rd DE	TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE



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1	0

FOR - STATE REGISTRAR

DECEASED NAME

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2a. DATE OF DEATH

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	-D. 54		5. 1

John J.

4. RACE

Boland

St. Joseph Hospital

5. DATE OF BIRTH MONTH 16.

Aug.

1900 BALTIMORE CITY OR COUNTY OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY) 80

REG. NO.

12

1:40 80 IF UNDER 1 YEAR

TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY?

FIRST

Dublin, Ireland U.S.A.

White

MARRIEDXX NEVER MARRIED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Baltimore Co. Md. 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

Maintenance

12b. KIND OF BUSINESS OR Chemical

10 CITY OR TOWN OF DEATH Towson, Md.

Male

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b COUNTY 13c. CITY OR TOWN Baltimore

21234

NOX 15 MOTHER'S MAIDEN NAME

Bridget

13d. INSIDE CITY LIMITS?

13e. STREET ADDRESS 8412A Greenway Road

Byrne

William

Boland

6h SOCIAL SECURITY NO.

17 INFORMANT

160 WAS DECEASED EVER IN U.S. ARMED FORCES No

PART I. DEATH WAS CAUSED BY

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

96. CONDITION FOR WHICH OPERATION WAS PERFORMED

216-22-4097Helen T. Boland 8412A Greenway Rd.

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

IMMEDIATE	CAUSE (o)
4360	DUE TO
Conditions, if ony, which gove rise to immediate	(b)
couse (o), stoting the	DUE TO
underlying couse lost.	1

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM 21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1

Dec

obove, (I) (we) (did) (did not) view the body ofter death

Lawrence Boas, M.D.

NO YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

20a AUTOPSY?

COUNTY STATE

NO I

21d INJURY OCCURRED NOT WHILE 220 I certify that (X(this haspital) attended the deceased from Dec. 28

( IF EITHER NOTIFY MEDICAL EXAMINER)

sow the deceased alive on

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE ATTENDING

PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

CITY OR TOWN

22c DATE SIGNED

27d PHYSICIAN'S NAME (TYPE OFFRINT)

22e ADDRESS

21f. LOCATION

7620 York Road 21204

23a.	BURIAL, CREMATION, REMO
	BURIAL
	BURLAL

22b. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY New Cathedral

23d. LOCATION Baltimore Co. MD

Dec.

24. FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

CERTIFICATION

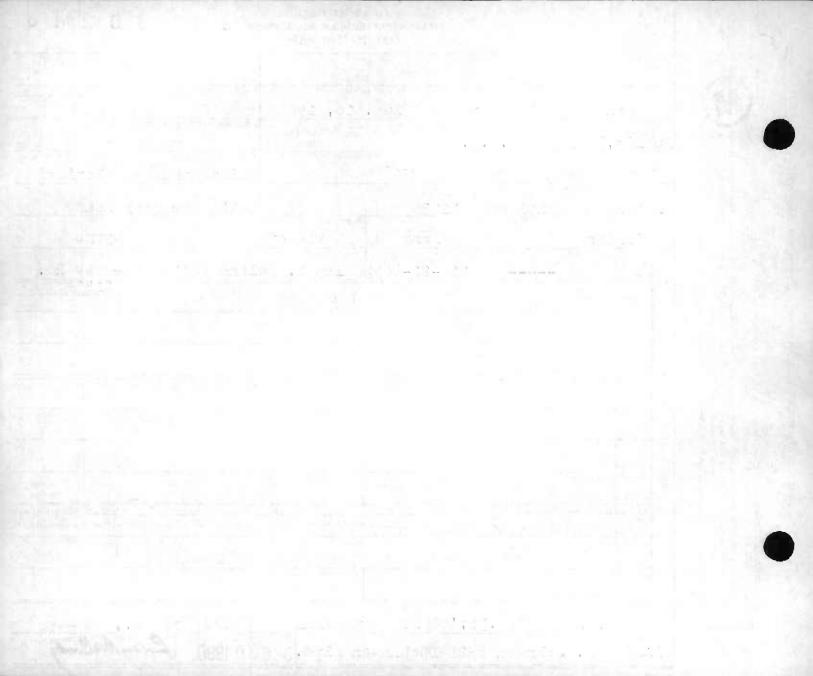
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morked or

MPORTANT: If Hem

Will Tam E. Johnson 8521 TochRaven Blvd. DEC

25a. DATE REC'D. BY REGISTRAR 25b GISTRAR'S JON



Light Brief Brief Brook

DEC 3

Harry H Witzke 4112 Columbia Rd Ellicott City

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

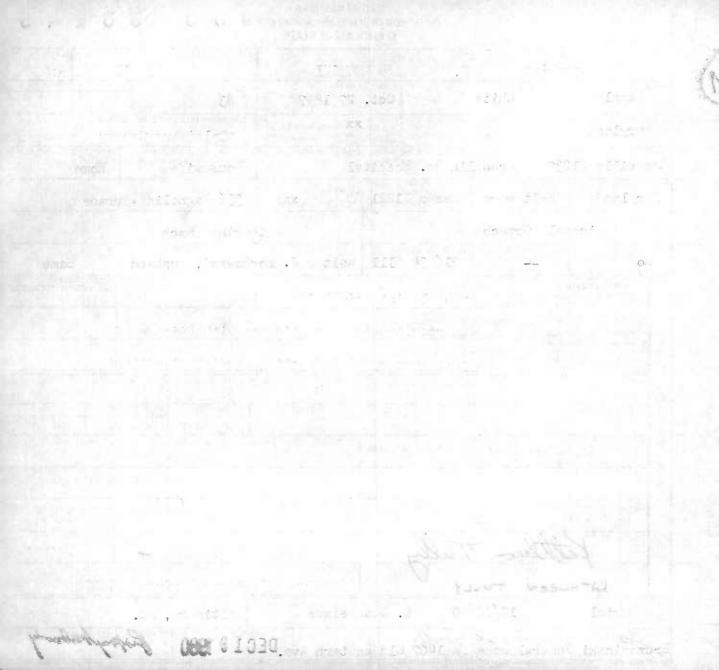
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TENTH STATE DOLL ME Howard Miltonic City - 9201 Marydell Hd 21093 per gued mannes online and man And Alector 1980 Book yang old Meng being Rank Carseville, Hamid Maryland

ESTEN F MELTING WILL COLUMNIA Ed MILLOCCO CLO, MIET & MINES

6	1.	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	3	0 .2	4 5	
		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	
	11/	Josephin			KOWSKI		12 17	80	9:40 M	
	3. SE	Female	White	5. DATE O	DF BIRTH 127 1897 YEAR	6. AGE (IN YEARS LAST BIR	THDAY)  IF I	UNDER I YEAR	IF UNDER 24 HRS	
\$36		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO USA	DUNTRY? 8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	Baltimore city of			MD	
positive		ssville 21237	Tanklin	Sive STREET ADORESS) 1	or other institution	120. USUAL OCCUPATION OF WORK FOR MOST CONTROL OF WORK FOR MOST CONTROL OF WILL OF WILL OF WILL OF WORK FOR MOST CONTROL OF WILL OF WI	ON OF WORKING LIFE)	12b. KIND O INDUSTRY Home	F BUSINESS OR	
Mys be	13 <sub>M</sub>	AL RESIDENCE (IF NURSING HOME OR STATE aryland 13b. Goun	other institution give residing in the control of t	OR TOWN 21221	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Magno	lia Ter	rrace		
30	14 F/	ATHER'S NAME FIRST Michael	Grzech	LAST	15 MOTHER'S MAIDEN NAM	herine Mac	h	LAS	st.	
medical	160. \	WAS DECEASED EVER IN U.S. AR.		6 34 8111	Walter J. Bo	ADDRI rkowski, Hu	-00		Same	
lic event, th		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Probable intestinal infarction  DUE TO, OR AS A CONSEQUENCE OF								
injury, or other traumotic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CO	onsequence of myocardi	c heart disea al infarction	. atrial fi	brillat	ion	0)	
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	NDITION FOR WHICH OPERATION WAS PERFORM		200 AUTOPSY?	20b. IF YES, V IN CERTIFY IN YES		NGS USED OF DEATH?	
MPORTANT: If frem 21 is morked or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH.	NTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)		
orked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO		21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
Z1 15 mc		22a L certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no	12/17/	19_80	nd that in (my) (our) opinion (	to			that (I) (we) lost couses stated	
T: If nen		22b. SIGNATURE	len Tu	lly	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		22c. DATE	12/17/80	
APORTAL		220. PHYSICIAM'S NAME (TYPEO		0	22e ADDRESS 9000 Frankli	n Square Dr	ive 2	21237		
4	23a.	BURIAL, CREMATION, REMOVAL	12/20/80	St. Sta	EMETERY OR CREMATORY	Baltimore	, Md.	COUNTY	STATE	
0	-	zdzinski Funer	al Home PA	1407 Old E	astern Ave.DE	C19 1980	25b. REGIORA	s signal	Burly	

DHMH-16 30M 2/80 (VRA 15, 4)



		FOR STATE			DEPART			ARYLAN	ND ENTAL HYG	IENB (L	3	0	2 4	6
7/		REGISTRAR	FIRST	ME		EXAMINI			CATE OF D		REG. NO.			
SH. THE		CEASED NAME E OR PRINT)	JOH	N	MIDDLE			SLEY	III	26. DATE KN OF DEATH M	NOWN A	12 18		2b. HOUR
NA.	3 SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR	RS IF UN	DER I YR.	IF UNDER 24 H	IRS. 2c. DATE	М	MÔNTH ĎA	AY YEAR	2d. HOUR
200		1le	white	8/12/2	22	58 YR	MOINT	DAYS	HOURS MIN	DEAD		12 18	17	10a <sub>M</sub>
SEST SES	FC	RTHPLACE (ST		76 CITIZEN OF W		ITRY?			VER MARRIED		RE CITY OR C			
5503	10. CI	Maryla TY OR TOWN	nd DE DEATH	II, NAME OF HO		RSING HOME	OR OTH		DIVORCED 1	USUAL OCCUPA	altimo	WORK 12h	KIND OF BU	MD.
KRDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RELAIN PAGE SET SHOULD BE USED AS A BURIAL TRANSIT FERMIT PAGES 1 AND 2 SHOULD BE FILED. THE DESTRUCTION OF WITH RECORDS, 201 WITH DEPARTMENT OF HEALTH AND MENTAL HYGIERE, DIVISION OF WITH RECORDS, 201 WITH DESTRUCTION OF BURIAL, CREMATION, OR REMOVAL.				(IF NOT IN SUCH FA	ACILITY, GIVE S	TREET ADDRESS)				FOR MOST OF WORKIN	NG LIFE)		or industr	8Y
AND SED BY	USU A	L RESIDENCE	IF IN NURSING HOME	Parking OR OTHER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISSIO	N)	13d. INSIDE C	TITY I MAITCE 120	STREET ADDRESS				
3820		larylan		timore		onkton		YES 🗌		Monkton		ryland	d 21	111
EAD.	14. F/	THER'S NAME		WIDDLE		LAST		15 MOTHE	ER'S MAIDEN NA	AME	OLE		LAST	
報00		John			Bosl				Elizabet	:h		Cr	omwe	211
ON I	(Y	ES, NO, OR UNKNO	EVER IN U.S. AF	RMED FORCES? E WAR OR DATES) W II	16b. SOC	IAL SECURITY	NO.	17. INFORA			ADDRESS	4 . 1 . 6 .		l al
PAG		Yes				14 62	61	Mr	s. Jay	K. Sec	or, N	Nonkto	approximate	
. E. ₹ .		PART I DE	ATH WAS CAUSE	nly ane cause per line ED BY:			_					B <sup>1</sup>	SETWEEN ONSET	AND DEATH
A SER		40	IMMEDIA	ATE CAUSE (a) S	notgu	n_WOUND	OT	head						1275
L HY EMC			s, if any, which	h	. 40 4 601	OL WOLLINGE O	'					CET !		
SAT AS			e to immediate stating the <u>under</u>		R AS A CON	ISEQUENCE O	F							
ON,		lying caus	e last.	(c)										
EMATIC	z	PART 2 OTNER SIG	NIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMI	NAL DISEASE	OR CONDITIO	N GIVEN IN PART 1 10	1).				
<u> </u>	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPERA	ATION W	AS PERFOR	RMED?			20	D. AUTOPSY?	
₽ <u>8</u>	FE												YES X	NO 🗆
C OBL	CER	21a EXTERNA		21b. TIME O		DAY YEAR	21c. HC	W INJURY	OCCURRED (E)	NTER NATURE OF INJUR	Y IN ITEM 18 PART	T 1 OR PART 2)		
ARTA PARTA	CAL		IG 🗌 CAUSE OF	DEATH ? P.A	A. 12-	18-19 80			flicted	•				
PR	MEDICAL	21d. INJURY O	CCURRED	71e PLACE STREET, FAC	OF INJURY			TREET		CITY OR TOWN	1	COUNTY		STATE
7 4 -	-	WHILE AT WORK	AT WORK	par	king	lot_	Man	or &	Old Yor	k Rds.		Balto	•	Md.
OR: PACHESTA		22a I certif	y that I taak char	ge af the remains de	scribed abo	ve, held an	Autops	y X.	Inspection _	, Inquiry	, and in	n my apiniar	n	
E ₹		death resulte	d fram: Nati	ural causes 🔼	Accident	, Suid	cide X	, Hamie	cide . Ui	ndetermined man	ner .			
A K		ACTUAL	1	111		_			SPECIFY)			0.475		0.0
3 E w -		SIGNATURE_	- AIV	4//	VA			Ass	sistant,	MEDICAL EXAMIN	<b>JER</b>	DATE SIGNED	12-18-	-80
TO FUNERAL DIRECTOR: N TO FUNERAL DIRECTOR: N AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	- 5	EXAMINER'S	NAME V		/	D			111	Donn Ct				
AFTE 3ALT	23n P	(TYPE OR PRIN	IT)Ar	n M. Dixo		NAME OF CEM		ADDRESS_		Penn St.				
- \ \	(30.0	Crema		12/19/8		Green				Balto.,	y " ME SHAW	COUNTY	Mď	ATE
		UNERAL DIREC	TOR Henr	v W. Jer	nkins	& Sor				D. BY REGISTRAR	25h RS 519	AR'S SIGN	ATMPE	
- 17 AE (5))		4905 Y	ork Roa	ad Balto	i., N	ld. 21	1212		DEC 2	2 1980	prop	any some	credy	
544 2 / PO	-													

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IMPORTANT: If Item 21 is marked ar Item 18 shaws ony

STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

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1	1 -	STATE REGISTRAR	DEI ARTH	CERTIF	ICATE OF DEATH	REG. NO	).		
		CEASED NAME FIRST OR PRINT)	MIDDLE	L	AST	20 DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR
	,,,,,	Joseph	C	Rote1	er, Sr.	Dec. 30	198	30	4:15a M
	3 SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	White	Dec	. 24, 1901	79	YRS.	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	A-1 (2-5-)
り		Maryland	U.S.A.	WIDOWE		Baltimore	Count	·v	MD.
6	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	NC	12b. KIND O	F BUSINESS OR
8		Towson	St. Joseph Hos	spita	1	Auditor	WORKING LIF	Local	Govt.
T	13a, S	laryland Bal	other institution, give residence before NTY 130. CITY OR TOWN 21234				ordHi	.lls Ga	arth
2	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		LAS1	
16		William M	lilton Botel	er	Cecilia			Gary	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
	Y	es W.W	215-01-	9772	Catherine :	L. Boteler	Har	fordHi	ไไร
	7	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	(c)  CONDITIONS CONTRIBUTING TO D.	ich NCE OF	0 0	Cerescena Control of the Control of		APPROXIDE THE BETWEEN CO	ju
	CERTIFICATION						Table 15 1/50	1.1505 50.15	
)	SIC	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	OF DEATH?
-	RTI				Tax	YES NO		S 🗌	ио 🗌
1		21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P.	ART I OR PART 2)	
6	MEDICAL	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  WHILE AT WORK AT WORK  AT WORD							STATE
		sow the deceased alive on obove, (Mwe) (did)	tol) ottended the deceosed from	<u>80</u> , or	14, , 19 <u>80</u> ad that in ( <b>X</b> y) (our) opinion o	, to	te and hou	r and from the c	couses stated
		27b. SIGNATURE			ATTENDING ATTENDING	MEDICAL STAF		Dec.	30,1980
_		/ - V ~			PHYSICIAN M	DIRECTOR PHYSIC	IAIN L		,

BP. DHMH-16 30M 2/80 (VRA 15, 4)

23b. DATE Jan

J. DAVID NAGEL, MD

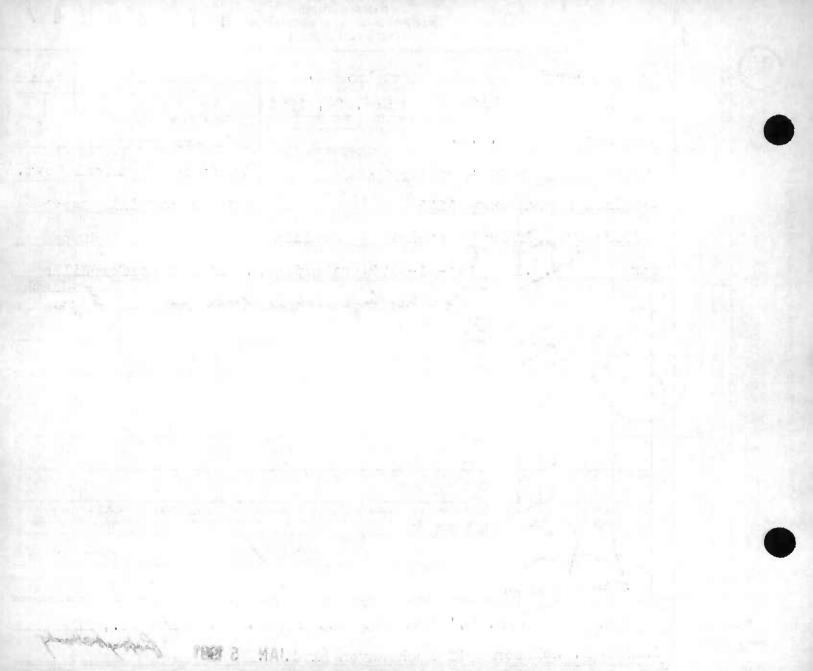
23c. NAME OF CEMETERY OR CREMATORY

1205 York Rd. Lutherville, Md. 21093

COUNTY

STATE

23d LOCATION
CITY OR TOWN
GAR. Balto 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial VALLEY MEM 24. FUNERAL DIRECTOR
William E 25a. DATE REC'D. BY REGISTRAR 25b. Johnson 8521 Loch Raven Blvd



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No. of the Lands for		
healthan-reduction and and a		
y Zasmic Lin siz street a and street only to a go		

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1	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	302	2 4 9
. m.e		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH M	AONTH DAY YEAR	20.1100K
4 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Mai		ohn I	Bower		Decemb		M
	3. SE		4. RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS OA	EAR IF UNDER 24 HRS
- 3 (親州.) /	7n B	Female RTHPLACE (STATE OR FOREIGN	Whit	WHAT COUNTRY?	1	ril 1, 1891	89  BALTIMORE CITY OR	YRS. COUNTY OF DEATH	
		Ireland	USA		MARRIE	D NEVER MARRIED A	Baltimore		MD.
by the tilled with		OWSON		HOSPITAL, NURSIN ICH FACILITY, GIVE STREET V. Joppa		Towson	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Nun	WORKING LIFE INDUST	D OF BUSINESS OR
filled in nould be	130.5 N	AL RESIDENCE (# NURSING HOLDSTATE)  13b C B	ME OR OTHER INSTITUTION OUNTY alto.	GIVE RESIDENCE BEFORE  134. CITY OR TOW  TOWSON	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1001 W. J	oppa Rd.	, Towson
ompletely ond 2 sh	14. F#	THER'S NAME  John	J. MIOOLE	Bowens		15. MOTHER'S MAIDEN NA/ Annie	ME MIDDLE .	Feeh	
be execut on and co	16a V	VAS DECEASED EVER IN U.S	. ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECU 220-54-		Mission Hel	lper Record		. Joppa R
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician.  When this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbanapapers. Pages 1 and 2 should be filled in by as the burial-transit permit. Then please remove carbanapapers. Pages 1 and 2 should be filled in by and Mental Hygiene prior to burial, cremation, or removal.  Once of the medical examiner must be no order or the medical examiner must be no order or the medical examiner.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, (c)	OR AS A CONSEQUE	SCL SCL	DIAC C. E	3 S	ITION GIVEN IN PART	5yrs
The low recion.  The hos been residence prior green prior	CERTIFICATION	19a. Date of operation	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [	
9 PHYSICIAN: The I thending physician. Ser this certificate has the burial-transit pe and Mental Hygiene ced or them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAL	FDEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	2)
UG PHYSICI offending i ster this cert st the burial hand Ment	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
TO HOSPITAL OR ATTENDIN retoined by the hospital or TO FUNERAL DIRECTOR: All should be detached for use with the State Dept. of Healt IMPORTANT: If them 21 is may		220.1 certify that the first sow the decoupled of obove. It was did to the sound of	d not were the bod	y after death 19		d that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN PARTIES  22e ADDRESS  1205 York	MEDÍCAL STAFF DIRECTOR   PHYSICIA	e and hour and Irom	-, that the (we) last the causes stated  ATE SIGNED
BP	23a.	BURIAL, CREMATION, REMO		23( )		EMETERY OR CREMATORY at Cemetery	123d LOCATION	Maryland	STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	Martin D. La	Nu vis			25a. DAT	E REC'D. BY REGISTRAR 2:		

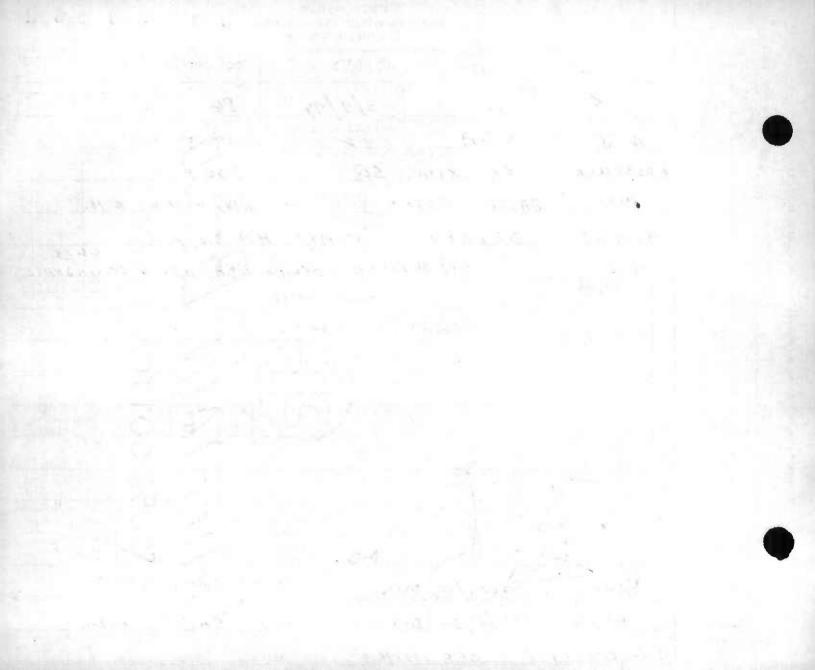
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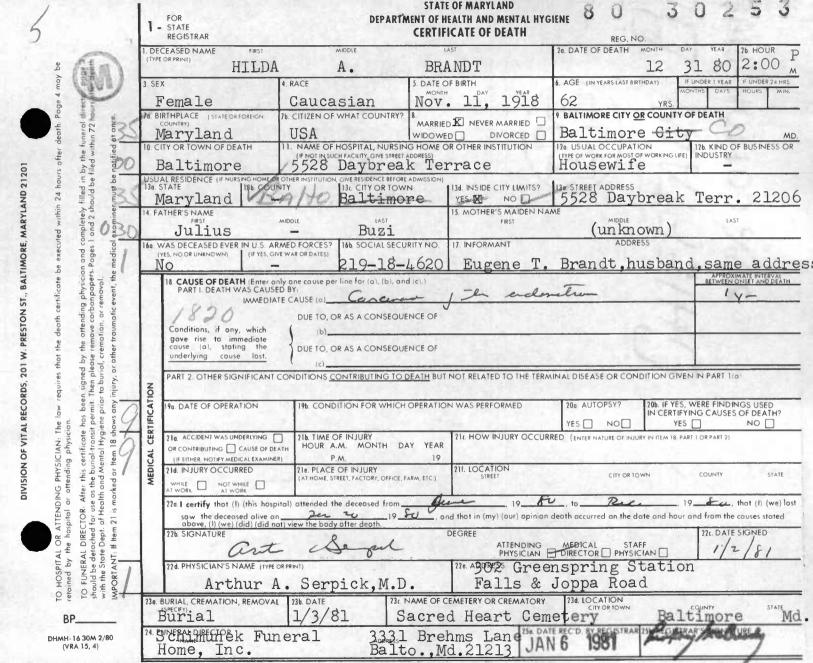
15 order 1 185 1955 e energy but the second of the and the same was the same and t position that the law to the law de l'extes l'union de l'este le l'es A leader wints and following a leader of the state of the

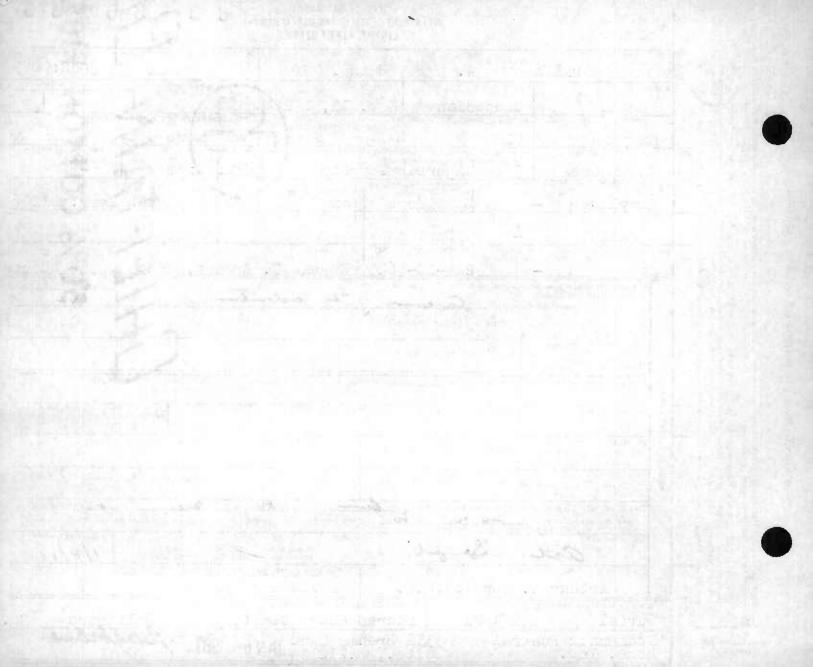
*	1	FOR			OF MARYLAND	AL HYGIENE H	a	3 (	2	5 1
1	١١	- STATE REGISTRAR			CATE OF DEAT		REG. NO			
*		ECEASED NAME FIRST	MIDDLE		AST	2a DATE		MONTH DAY	YEAR 2	12:28
noy be poge 3		HARI				r.		12 28	80	PM
of fe	3. 5	EX	4 RACE	S. DATE C		6. AGE	(IN YEARS LAST BIRT	HDAY) IF L		FUNDER 24 HRS
960	-	Male BIRTHPLACE (STATE OR FOREIGN	White 75 CITIZEN OF WHAT COI	Aug		903	77 MORE CITY O	YRS	054714	
deoth. P	11	country) Maryland	U.S.A	MARRIE	NEVER MARRI	IED ' I	LTIMOF			
à à	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C		ON 12a USU	AL OCCUPATE	NC	12b. KIND OF	MD. BUSINESS OR
offer and	6	TOWSON	GREATER BA	LTO. MEI	DICAL CT		• C 8		rel.	Co.
hour hour	US 13a	JAL RESIDENCE (IF NURSING HOLE O	R OTHER INSTITUTION, GIVE RESIDEN	OR TOWN	13d. INSIDE CITY LI	MITS?   I3e. STRE	ET ADDRESS			= 11 = 12
ANE	SI	MD. Balt	imore Cit		YES NO	□ 31	2 Thor	nhill	Rd.	
With with		FATHER'S NAME		LAST	15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
E, M	160	Harry WAS DECEASED EVER IN U.S. A	S. Boyl	e. Sr.	Mar 17 INFORMANT	У	Grac		welsh	
work and to	2		VE WAR OR DATES)	AL SECONIT NO.		o D Do			1.0	
ALTII		18 CAUSE OF DEATH (Enter o	nly one cause per line for (a)	(b) and (c) I	Virgini	a D. Bo	ATE -	Sec.	APPROXIMA	ATE INTERVAL SET AND DEATH
T., B.		PART I. DEATH WAS CAUS		RDIAC A	RREST				BETWEENON	SET AND DEATH
on services of the certification of the certificati		4106		NSEQUENCE OF						
PRESTON he death c emove cort mation, or r troumatic		Conditions, if any, which	DUE TO, OR AS A CO	OCARDIA	LINFARC	TION				
W. PR		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A SO	NSEQUENCE OF						
201 sed b pleos rriot,		PART 2 OTHER SIGNIFICANT	(c)		NOT BELATED TO T	HE TERMINIAL DIS	ASE OR CONE	NITION CIVEN	INI DADT 1:->	
RDS, equire sign Then to bu	No.	TAKE 2 OTHER SIGNIFICANT	Ch.	LEUKEMI		HE TERMINAL DISE	ASE OR CONE	THOM GIVEN	IN PART TO	
RECORDS.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR			20a A	UTOPSY?	206. IF YES, W	ERE FINDING	S USED
A P P P P P P P P P P P P P P P P P P P	킬분					YES [		YES [		NO 🗆
N OF VITAL SICIAN: The ng physicion certificate h viriol-tronsit pentrol Hygier femal 18 should be not a shoul		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE		ITH DAY YEAR	21¢ HOW INJURY	OCCURRED (ENTE	R NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
ISION OF VIII PHYSICIAN: rending physis this certifical the buriol-tron and Mental Hy	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211 LOCATION	· · · · · · · · · · · · · · · · · · ·				
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY		STREET		CITY OR TO	WN	COUNTY	STATE
3 % % E		22a. I certify that (/ (this hosp	ital) attended the deceased	from ON 1	2/28 19	80 to			, th	ot (I) (we) fost
R ATTEN hospitol RECTOR red for v rpt. of He			ot) view the body ofter deat		d that in (my) (our)	opinion death acc	urred on the do	te and hour or	nd from the co	uses stated
OR he he		22b. SIGNATURE	01:18/		DEGREE	DING Y MEDIC	AL STAF		22c. DATE SI	
RAI RAI	4	22d. PHYSICIAN'S NAME (TYPE	autuas	rug	PHYSI	ICIAN 🔼 DIRECT	OR   PHYSIC	IAN		8/80
TO HOSPITAL retained by the TO FUNERAL should be deto with the Store IMPORTANT: IMPORTAN		MAHMOOD AL			6701 N.	REATER CHARLE	S ST.	TOWSO	N MD	IK.
oper of the show with	230	BURIAL, CREMATION, REMOVA		23c. NAME OF C	EMETERY OR CREMA		OCATION		, , ,	
2712BP		Burial	12-31-1980				i berty	tawn 1	Pred.	MD .
DHMH-16 30M 2/80	24.	CUNICAL DIDECTOR		also .		DESCRIPTION OF DESCRIPTION OF	STAR	A RECTISING	SICILIE	Starten
(VRA 15, 4)		Robert S. Ba	rranco-501	Ritchie	Hwy.			-		/

·~· ,717 774 - 3 - 3 - 4 | 7 | 4 8 -- diminist to orle - ec. 15 THE PARTY OF THE PROPERTY OF THE PARTY OF TH Te-21-1995 St. energ h. Jem. Liperty Countre. evants. Annaco-ful bitohie Ty.

	1.	FOR - STATE REGISTRAR	HYGIENE 8 0	30252						
moy be poge 3 deoth		CEASED NAME FIRST Mary	Emma	BRANDJES	December 2	26, 1980 YEAR 22:45 PM				
Poge 4 moy housetter bog hours plift de	3. SE	×	4 RACE	5. DATE OF BIRTH MONTH / 9 / 94	6 AGE (IN YEARS LAST BH	THDAY)  IF UNDER 1 YEAR  IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.  YRS.				
nn		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTS $VSA$	RY? 8.  MARRIED NEVER MARRIED  WIDOWED DIVORCED	Baltimore city o	COUNTY OF DEATH COUNTY MD.				
s ofter d by the fu iled withi	1	OSSVILLE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STA FRANKLIA	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	ION 126. KIND OF BUSINESS OR				
filled in ould be f	13a :	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BE NTY 130. CITY OR TO	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS		EW NH.				
mpletely ond 2 sh	14. F	ATHER'S NAME FIRST  FIRST	DECKER	15. MOTHER'S MAIDEN		LAST				
n ond cor Poges 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		ADDRI S BRAAD	TES CELLINSDALE				
equires that the death certificate in signed by the attending physici. Then please remove corbonopoper to buriol, cremotion, or removal. injury, or other traumatic event, the	NOI	Return of the part is a consequence of the								
he low re on.  hos been to permit. I permit. I cene prior ows ony in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	20a AUTOPSY?  YES NO X	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO				
HYSICIAN: The linding physician.  nis certificate has burial-transit per linding the linding per lindi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	CI PT	DAY YEAR 19	URRED (ENTER NATURE OF INJU	RY IN ITEM 18. PART I OR PART 2)				
DING PHYS or ottendin After this ce as the bu	MEDICAL	AT WORK AT WORK	AT HOME STREET, FACTORY, OFFI	- 1 00 01	CITY OR TO	. 06 00				
TTENDIN pitol or TTOR: At for use of theolt	1	as the deceased flive on the body street death.    19								
ALOR Ay the hos ALDIREC detoched ore Dept. If frem	(	2214-SHONATURE	4.10	DEGREE ATTENDING PHYSICIAN						
TO HOSPITAL Or retoined by the TO FUNERAL Dishold be detoo with the Store DIMPORTANT: #		Henry J.	e .)	22. ADDRESS 9000 Fra	anklin Square	Dr, 21237				
BP	23a. l	BURIAL, CREMATION, REMOVAL	12 /30/80 2	OULANEY VALLE	BAL'S	O, COUNTY STATE				
OHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR NAME CONNELL	2 300 /	25a. [7]	DATE REC'D. BY REGISTRAR  5 1981	25b. REGISTRAR'S SIGNATURE				







STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME KNOWN [ 20. DATE (TYPE OR PRINT) ESTI-DEATH MATED 2319 80 William. Douglas Brannan 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR SEX DATE LAST BIRTHDAY) PRONOUNCED 5:15A 24, 1959 DEAD Mar. 21 YRS White 23 19 80 Male 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY Md. USA WIDOWED \_ DIVORCED Baltimore County NO. B. GIVE PAGES 1, 2, AND 3 TO THE FI WITH FORM PM 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF VITAL PECORDS, 201 W 10. CITY OR TOWN OF DEATH 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Helper Construction 11020 Glen Arm Rd Glen Arm USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS No 13x 2420 Stanwick Road Md. Baltimore Cockeysville 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Barbara A. Hoge William E. Brannan 16b. SOCIAL SECURITY NO 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCEST (YES, NO, OR UNKNOWN) 6636 Walnut Wood C Mrs. Patricia Brannan 214 80 4876 No EXAMINER ALONG WII RIAL - TRANSIT PERMIT. P D MENTAL HYGIENE, DIN ON, OR REMOVAL. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AMMEDIATE CAUSE (0) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL, CREMATION, C lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? USED MENT OF HE TO BURIAL, YES X NO [ E 3 SHOULD BE U 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL PRIOR 2319 80 5 12 subject shot XM. NER: THIS CERTIFICATE, WRITING T FORWARDED TO 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 11020 Glen Arm Rd., Glen Arm, Baltimore, MD. AT WORK vard AT WORK TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIZE BALTIMORE, MARYLAND, 2 Autopsy Inspection Homicide X Undetermined monner death resulted from TITLE (SPECIFY) ACTUAL 12/23/80 MDDeputy Chief, EDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto. MD. (TYPE OR PRINT) ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Md. STATE Green Mount Cem. 12/26/80 Cremation BP. 250. DATE REC'D. BY REGISTRAR 256. REGIS RAB'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** NAME 6500 York Rd. MITCHELL-WIEDEFELD HOME (VR A15 ME (5)) 15M 2/80



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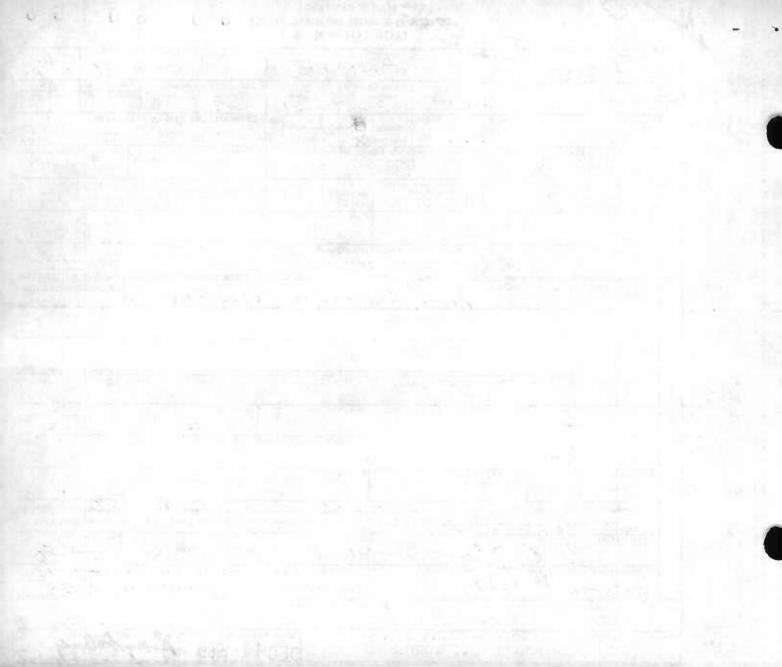
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STATE OF MARYLAND

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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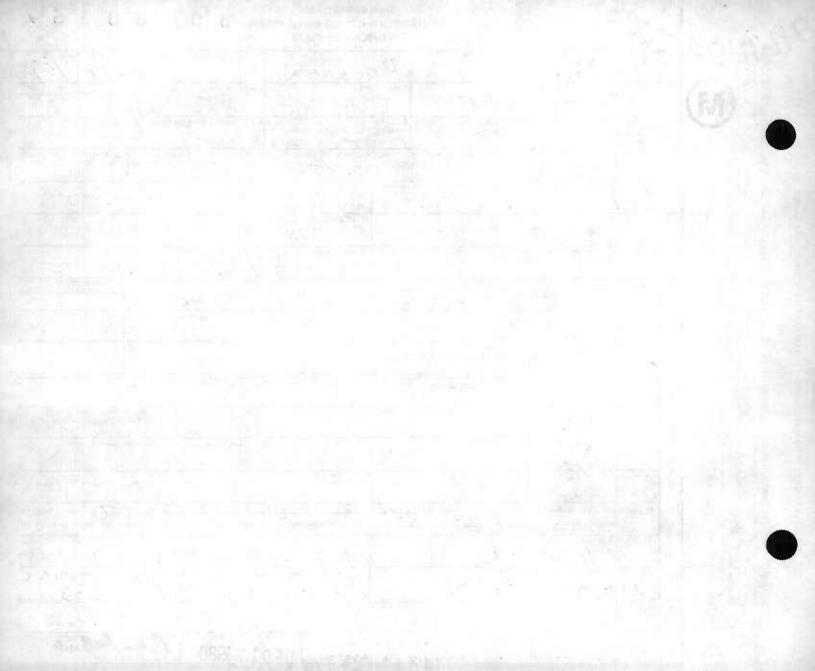
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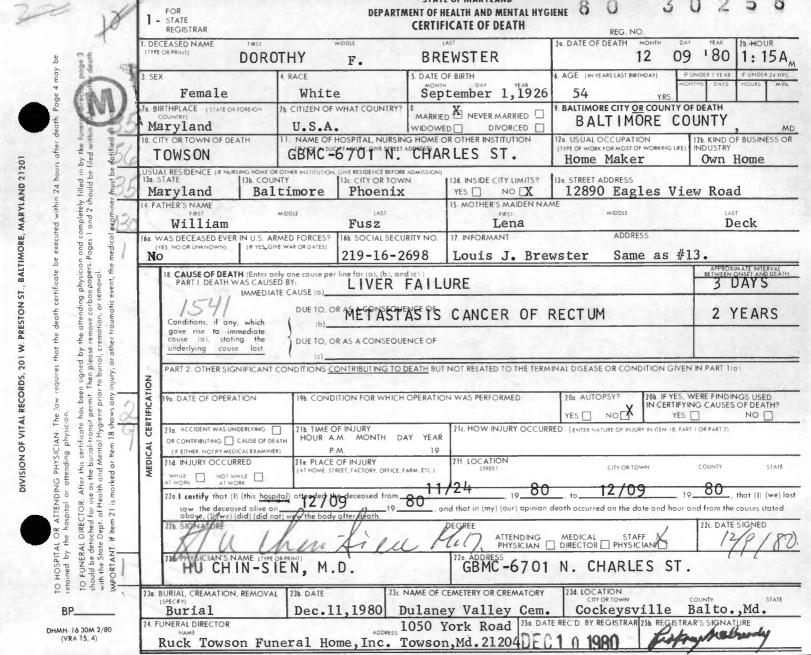
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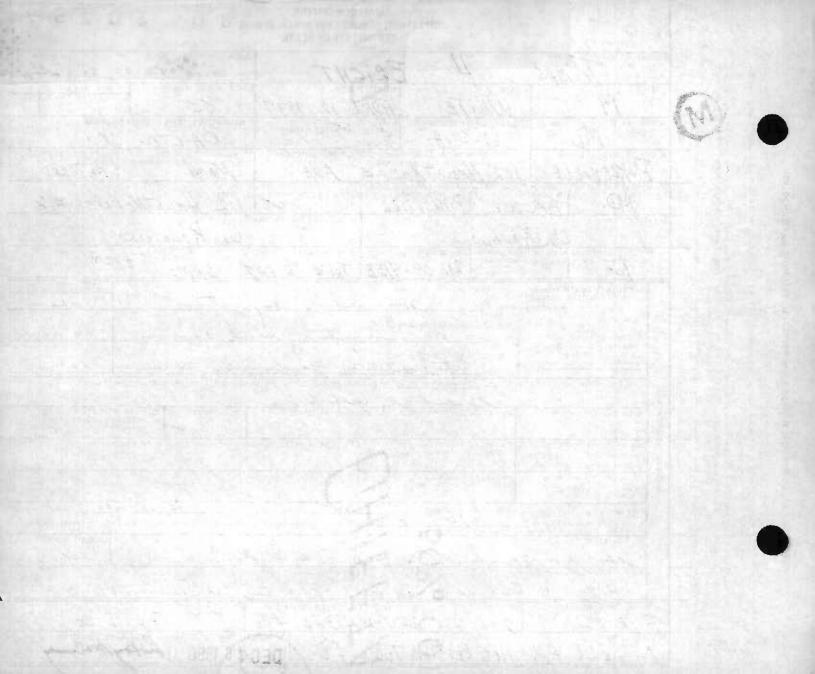
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CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH L DECEASED NAME MONTH 7h HOUR (TYPE OR PRINT) 15 22 P M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hours PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 22 1080 a, and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. BOGISTRAR'S SIGNATURE DHMH - 16 50M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

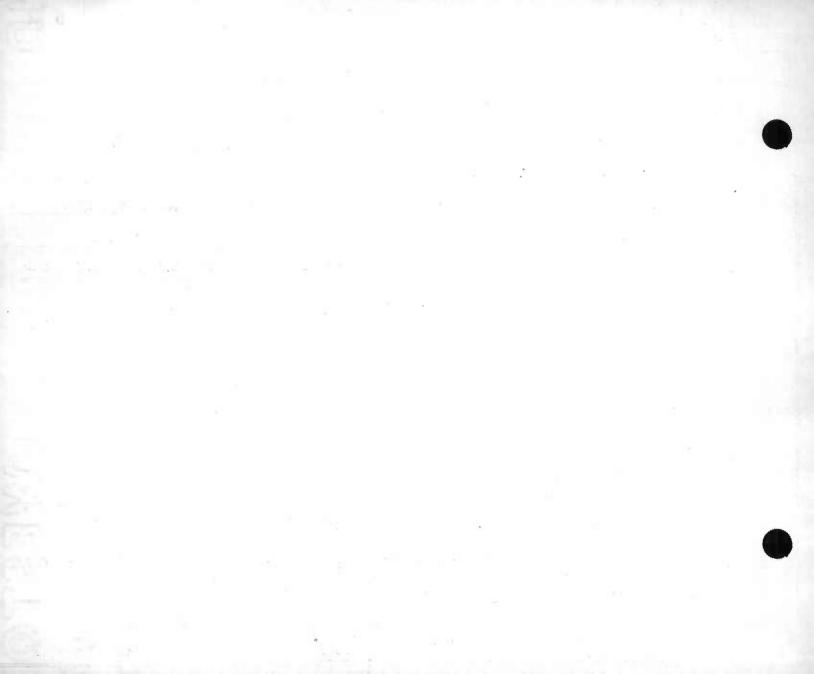
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IIMORE,	be executed an and comp s. Pages 1 an		(AS DECEASED EVER IN U.S. A es, no or unknown) (IF yes, Gr	RMED FORCES? /E WAR OR DATES	219-22-1		Marie		addri son, 702 No			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	requires that the death certificate ben signed by the ottending physicia. Then please remove carbon papers, it obusial, cremation, or removal injury, or other traumatic event, the	NO	PART 2 OTHER SIGNIFICANT	DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c)	Brain R AS A CONSEQU PR AS A CONSEQU	ENCE OF		TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	6	MATE INTERVAL INISET AND DEATH LUCY TO
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	HOSPITAL CALTIENDING of the hospital or FUNERAL DIRECTOR A bid be detached for use the State Dept of Heal ORTANT: If them 21 is many		270.1 certify that (1) (this has sow the deceased plive probable. (1) (100) (did not be seen as a seen as	n 11 ton	9/28 Sharp 14-	, or	DEGREE A P	TTENDING PHYSICIAN [	MEDICAL STA	FF _	120. DATE	SIGNED 16/80
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Samuel Brooks Clara WINKNOWN  166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court NO 216-09-9596 Claire M. Ballou 944 Imperial Court RIMERONSEI AND DEATH SENTENCIAL SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court RIMERONSEI AND DEATH SENTENCIAL SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court RIMERONSEI AND DEATH SENTENCIAL SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court RIMERONSEI AND DEATH SENTENCIAL SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court RIMERONSEI AND DEATH SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court RIMERONSEI AND DEATH SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court RIMERONSEI AND DEATH SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court RIMERONSEI AND DEATH SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court RIMERONSEI AND DEATH SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court RIMERONSEI AND DEATH SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court RIMERONSEI AND DEATH SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court RIMERONSEI AND DEATH SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court RIMERONSEI AND DEATH SECURITY NO 216-09-9596 Claire M. Ballou 944 Imperial Court NO 216-09-9596 Claire M. Ballou 945 Imp	35	USUAL RESIDENCE	F NURSING HOME OF	VIY	13c. CITY OR TO	RE ADMISSION)			13R STREET	ADDRESS Imper	ial Co	Balt	imore	, M
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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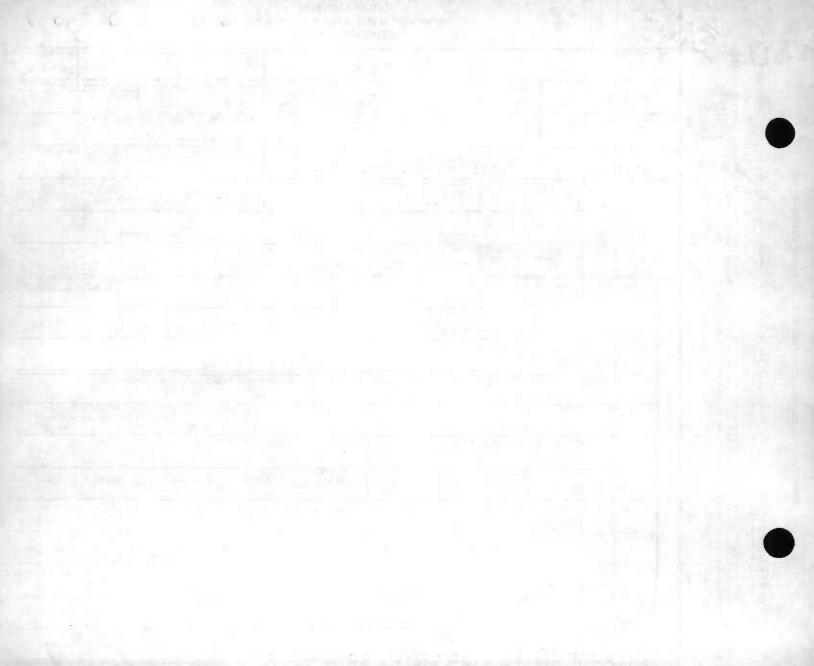
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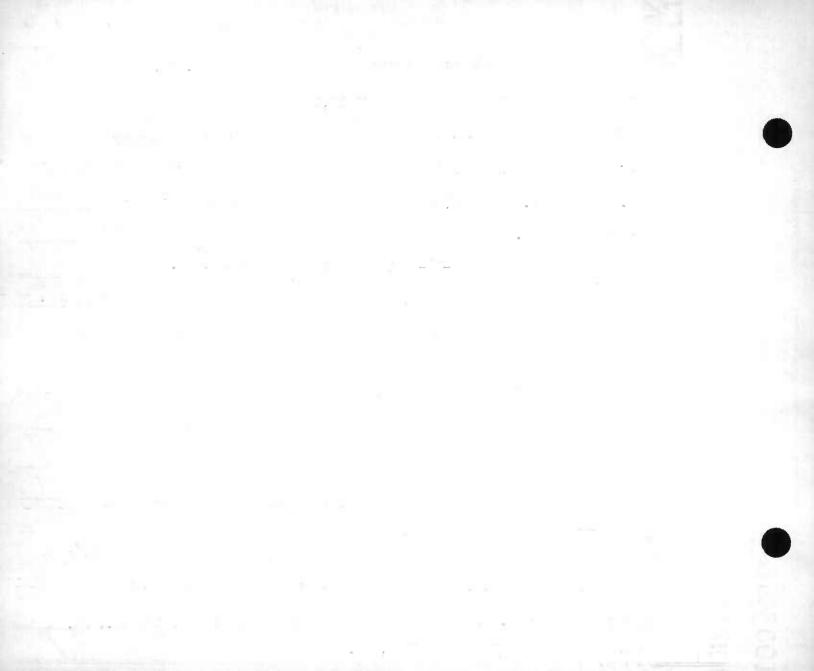
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4	-	EXAMINER'S NAME (TYPE OR PRINT)		Thomas [	Smith.	M.D.	ADDRESS	Penn	St.	Bal	to.,	MD.		
2	30.BL	(TYPE OR PRINT)  JRIAL, CREMATION, PECHY)	REMOVAL 2	DATE TO	23c. NAME OF	EMETERY C	R CREMATORY	CITY	CATION OR TOWN		cou			ATE
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6	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND TOF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	0 2 6 9
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by the fun ed within	16 CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE Baltimore Cty.	Gen. Hosp.		12b. KIND OF BUSINESS OR INDUSTRY
within 24 hc tely filled in should be fil	USUAL RESIDENCE (# NURSING HO 131 STATE Md.	me or other institution, give residence before admi OUNTY 13c, CITY OR TOWN Balto.	134 INSIDE CITY LIMITS? YES X NO	13a. STREET ADDRESS 3017 Walbrook A	venue
cuted with	14 FATHER'S NAME FIRST  Alphonzo	MDDLE LAST Graves	15 MOTHER'S MAIDEN NA FIRST E11a	MIDDLE Barne	LAST CS
ficate be executed by the second comparishment of the seco	160 WAS DECEASED EVER IN U.S 1465, NO OR UNKNOWN)   116 46: NO	S. ARMED FORCES? 166 SOCIAL SECURITY 215-05-955		raves 800 Linwo	od Avenue
requires that the death cert signed by the attending ph ten please remove carbon pa to burial, cremation, or rem y injury, or other traumatic	Canditions, if any, whice gave rise to immediate cause Ial, stating the underlying cause las	DUE TO, OR AS A CONSEQUENCE	OF E OF E CARRION		IN PART 1(a)
N: The law re	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WIN CERTIFYIN YES NO. NO.	VERE FINDINGS USED NG CAUSES OF DEATH?
PHYSICIAN on physician. this certificat urial-transit p. Mental Hygin of or Item 18	an annual relation of the same	DE DEATH HOUR A.M. MONTH DAY		RED {ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
DING ttendii After s the b th and marke	OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EXAM 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	and State of the St	CITY OR TOWN	COUNTY STATE
OTH ATTEN nospital or a DIRECTOR. Bed for use a ept. of Heal of Item 21 is	saw the deceased aliv	nospital) attended the deceased from 30 me an 12 30 me an 80 me and not) view the bady after death	PEGREE ATTENDING	death occurred an the date and haur a	nd from the couses stated  22c. DATE SIGNED  1 D - 3 D - 60
TO HOSPITAL retained by the I TO FUNERAL I should be detach with the State D IMPORTANT: I	224 PHYSICIAN'S NAME IT	D PATEL	22e ADDRESS	DUNTY GEN. A	tosp.
1 1 1 1 th 3 5	23a. BURIAL, CREMATION, REMO	DVAL 23b. DATE 23c NAMI	OF CEMETERY OR CREMATORY	234. LOCATION CITY OR TOWN CO	UNTY STATE
(10 BP	Burial	1/3/81 Bea	chwood Cem.	Durham,	N.C.
DHMH-16 25M (VRA 15, 4) 1/79	24. FUNERAL DIRECTOR NAME  TVm C March	F/H 1101 E. Nort		re rec'd. by registrar 256, he stra N 2 1981	y Helridy





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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 mi etoined by the haspitol or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the fuveral strangers should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 77 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at an energy
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1.	FOR STATE REGISTRAR			DEPA	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		No.	0 2	7 2	
	CEASED NAME E OR PRINTI	FIRST A L D C		MIDDLE		AST	20 DATE OF DEATH		AY YEAR	26. HOUR	
		ALBE		BUK	KHARDT			12/6/		5:25P .m	
3. SE	x Male		White		Janu	of Birth dary 24, 1907	6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS	
	IRTHPLACE (STATEORF	OREIGN 7	b. CITIZEN OF		RY? 8 MARRIEI WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY			MD	
	TOWSON	6	BMCE	701 N	RSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUP		12b. KIND O INDUSTRY	F BUSINESS OR	
130.	AL RESIDENCE (IF NURS) STATE ryland	136 COUNT Balt	other institution. LY LMOTE	13c. CIJY OR 1		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRES	ibrook I	Orive		
14 F/	George	M	IDDLE	Burkhar	rdt	IS. MOTHER'S MAIDEN NA LOUISE	ME	υ	ınknown		
	WAS DECEASED EVER ( YES, NO OR UNKNOWN)		NED FORCES? WAR OR DATES)	166. SOCIAL S 213-03		Mrs. Agnes H		dt 233	Coldbr	ook Dri	- ve
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	WILLIAM	OKTA				GBMC6701		ES STR	REET		
23a E	BURIAL, CREMATION, I (SPECIFY) Burial	REMOVAL	12-10	-1980		emetery or crematory twood Cemetery	23d LOCATION CITY OF TOWN Balt	imore Ma	aryland	STATE	
24 F	UNERAL DIRECTOR				JOEO VO	PORT 250. DAT	E REC'D. BY REGISTR	AR 256 REGISTR	AR'S SIGNATI	URE	-

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

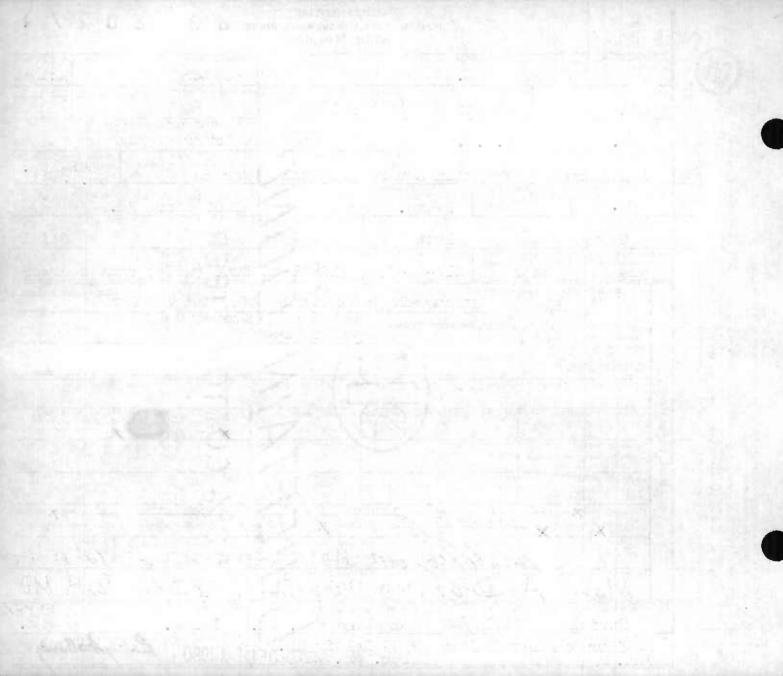
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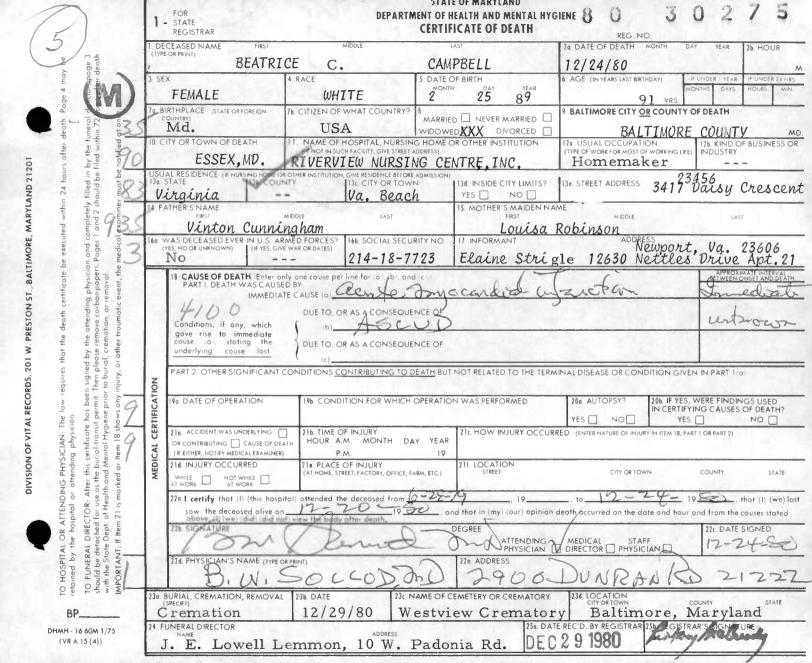
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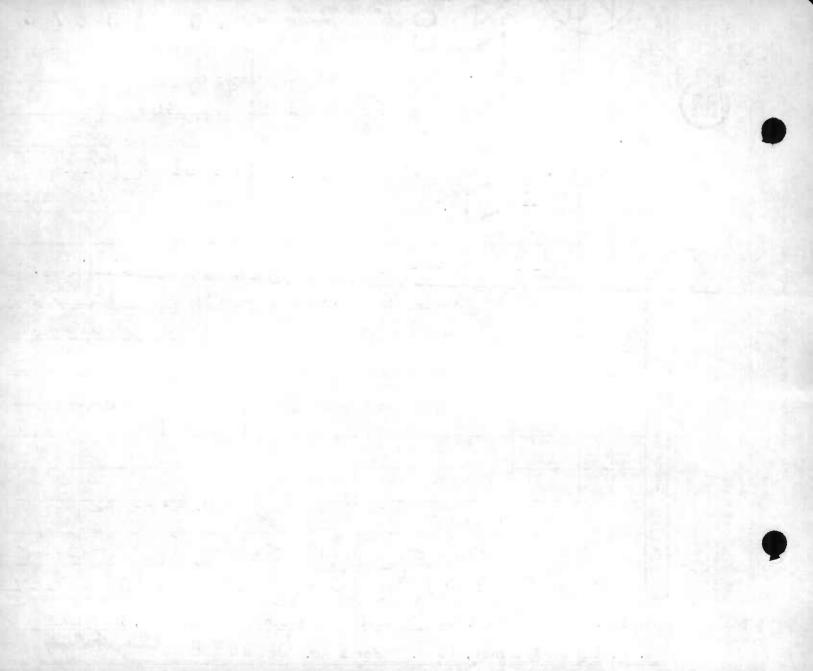
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2 at	CC	RTHPLACE (STATE DUNTRY) ARYLAND	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DI DIVORCED	Baltimore city o	R COUNTY OF	DEATH	
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	(3	URIAL, CREMATII PECIFYI BURIAL		DEC.3,			WALLEY MEM.		cou EYSVJEL	E BAL	
6 25M 4) 1/79		NERAL DIRECTO		ald Home	ADDRESS 6500 You	nla Do	1 1	RECO H RECURSO	Sb. REG	Jan Marie	Hereody

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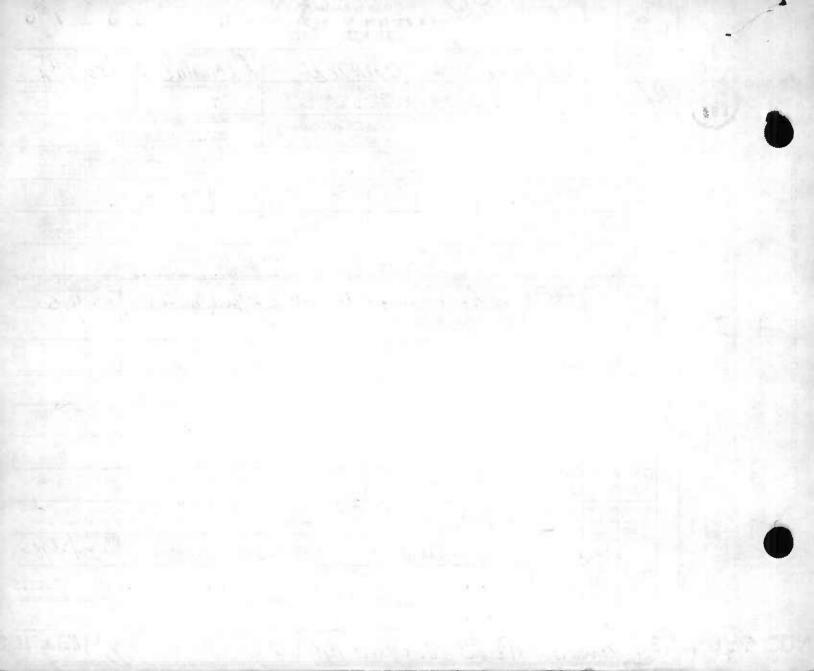
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t, the med	(4	AS DECEASED EVER IN U.S. ARI ES, NO ORUNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	30CIAL SECU	100		. ANNA CARTO	ALTO. MD_	21208
or to burial, cremation, or remain injury, or other traumatic	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)	A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PI	ART I(o)
permit. The liene prior shows an	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH	OPERATION	WAS PERFORMED	20e AUTOPSY? YES NO	20h. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
Mental Hygiene	- 1	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		JURY MONTH D	NY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR P.	ART 2)
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ate Dept.		226. SIGNATURE  Drulto	B1Cm	50n	7 .	ATTENDING PHYSICIAN	MEDICAL STA	FF /	DATE SIGNED /80
with the State D		224 PHYSICIAN'S NAME (TYPE O MILTON KIF				3737 CL	ARKS LA.	BALTO., M	ID 21215
sho Will	230 8	URIAL, CREMATION, REMOVAL	23b. DATE 12/28/		TNGTO	METERY OR CREMATORY  N (CHT ZIIK AMI		TIMORE COUNTY	MARYLAND
IH-16 25M 15, 4) 1/79	24 FL	PERAL DIRECTOR	1 Ries	CADORESS -601	10 Ree	et. Rd- DE	C 3 1 1980	25h. REGISTRAR'S S	Retrudy



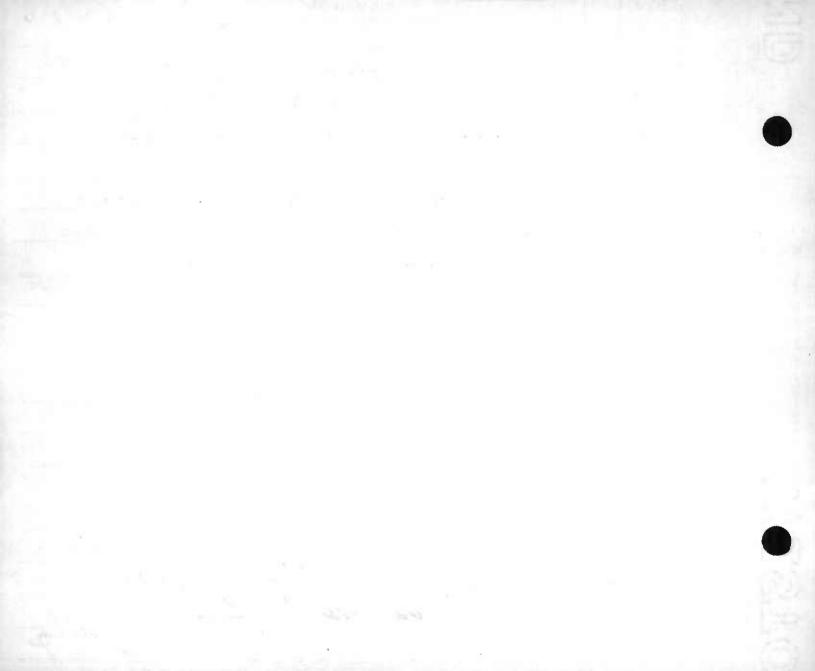
STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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1101 PDRES. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

7h HOUR

20 DATE OF DEATH MONTH

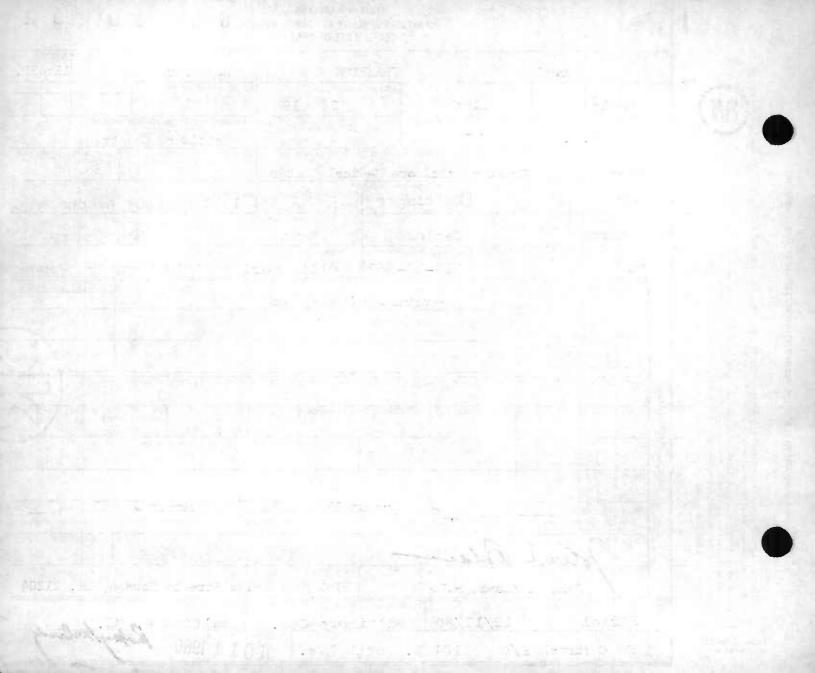
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REGISTRAR

Wm C Marth F/H

(VRA 15, 4)

DECEASED NAME



BP\_

DHMH-16 25M (VRA 15, 4) 1/79

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	FOR STATE			DEPAR	TMENT OF H	IEALIN AND MENIAL NIG	IENE O U	0	V 6	
	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	)		
	ASED NAME	FIRST	A	AIDDLE	ı	LAST		MONTH DAY	YEAR	2b. HOUR
(TYPE OR		ELLIE		Marie	CH	HANEY	1	2 11	80	3:30Pm
SEX			RACE		5 DATE C		& AGE (IN YEARS LAST BIRT	HDAY) IF L	INDER 1 YEAR	IF UNDER 24 HRS
	Female		Wh;	to	May	2, 1924	56	YRS.	THS DAYS	HOURS MIN
	HPLACE (STATE ORF	OREIGN 7	CITIZEN OF	WHAT COUNTRY	r? 1		1 BALTIMORE CITY O		DEATH	
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	Herbert	71	DDIE	Weav	er	Many	MIDDLE		Trà	icey
	S DECEASED EVER		ED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE		//	
1163	NO DE UNKNOWN	(IF 163, GIVE 1	WAR OR DATES)	218-22	-0886	Joseph F. ()	raneu So	me as t	<i>†13</i>	
11	CAUSE OF DEAT	H (Enter only	ane cause per	line far (a), (b), a	and (C) (				APPROX	MATE INTERVAL ONSET AND DEATH
	PART I DEATH V	VAS CAUSED	BY.			ODIDATODY AL	RREST			
		INA SAEDIATE	CALIFEIN	(:ARI)	IO RES	SPIKATUKY AL				
	1100	IMMEDIATE	CAUSE (0)			SPIRATORY AL	(IVE 3 I			
	1629			R AS A CONSEQ	UENCE OF			ECDDE	AD E	MONTH
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	1	FOR			DEPARTMENT (	OF HEALT	MAKTLAND H AND MENTAL H	YGIENE ()	3	0 2 8	4
		STATE REGISTRAR		ME			CERTIFICATE		REG. NO.		
		CEASED NAME	FIRST		MIDDLE		DAST	Is DATE &	NOWN D WOH	H DAY YEAR	Zh HOUR
SET		MA	ARY	MAR	GARET	(	CHENOWITH	DEATH	MATER CORP	224080	27
全部	3. SE	(	. RACE	5. DATE OF BIRTH	6, AGE (I	N YEARS	NDER 1 YR. IF UNDER	24 HRS. 7c. DATE	MONTH	OFF TEAR	N. HOUR
1			W.	AUG.6,19	05 75	YRS.	MI ONG MODEL	DEAD	Deemba	Jaf 1980	SA M
37	7a. B	RTHPLACE (STA		76. CITIZEN OF W	HAT COUNTRY?	8. MARR	IED NEVER MARR	IED 9. BALTIMO	RE CITY OR COU	NTY OF DEATH	1
1	10.0	IRELANI		USA WIDOWED DIVORCED DI BALTIMORE C							MD
20	10. C	T LITTED		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)					ATION (TYPE OF WORI	OR INDUST	ISINESS RY
-	HSH	LUTHERV			IDERWOOD I		093	HOMEMAKE	R		41-23
5	13a. S	MD.	13b. COUN	IMORE	13c. CITY OR TOW LUTHERV	N	13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRES	S DERWOOD D	R. 21093	
22	14. F/	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME MID	DLE	LAST	
4		OSEPH			RYAN		MARY	MARGA	RET	OWENS	
	160. V	ES, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166. SOCIAL SECU		17. INFORMANT		ADDRESS		
		NO			217-24-2	909	CATHERINE	CHENOWITH	1812 RI	DERWOOD D	R.
9		18 CAUSE OF PART I DEA	DEATH (Enter or	nly ane cause per line D BY:	(o), (b), and (c).)	010	0 / 1	-/-		APPROXIMATE BETWEEN ONSE	
	3	75//		TE CAUSE (o)	AS A CONSEQUENCE	1111/6	Cardial -	Lintarel	1000	Sucd	en
		Conditions	s, if any, which		AS A CONSEQUENCE	CE OF	1 11	Ca 18		1-1-	
		gove rise	to immediate	(b)	AS A CONSEQUENCE	or or C	at de 17	SCURO		3-12	
8		lying caus			AS A CONSEQUENT	LE OF				0	
		PART 2 OTHER SIGI	HIFICANT CONDITIONS	(c) CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE I	ERMINAL DISEAS	F OR CONDITION GIVEN IN PA	PT 1 (e)			
	NO	W. C.		T CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).							
1	CERTIFICATION	19a. DATE OF C	PERATION	196. CONDI	TION FOR WHICH O	PERATION W	AS PERFORMED?			20. AUTOPSY?	)
4	H									YES 🗆	NO
		210. EXTERNAL UNDERLYING		216, TIME OF	FINJURY A. MONTH DAY Y	AR 21c. H	OW INJURY OCCURRE	D LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)	
	CAL	CONTRIBUTIN	G CAUSE OF	DEATH P.W	1. 19					1500	100
	MEDICAL	21d. INJURY OC WHILE	NOT WHILE		OF INJURY (AT HOME TORY, FARM, ETC.)		CATION	CITY OR TOW	N C	OUNTY	STATE
	1	AT WORK	AT WORK	_							
TO FORMER THIS CREATION OF THE CERTIFICATE, WRITING THIS CREATION OF THE CREATION OF THIS CREATION OF THI			that I took charg	ge of the remains de	scribed above, held a	n Autop	sy , Inspection	n 🛮 Inquiry [	, ond in my	opinion	
			from: Notu	rol causes	Accident ,	Suicide	" Hamicide .	Undetermined man	ner ,		2
		ACTUAL	MOP		-	08	TITLE SPECIFY			6 11	/
1		SIGNATURE	Certa	ellest to	ronne	el Ma	B. Webell	MEDICAL EXAMI	VER SIGN		80
1	and a	EXAMINER'S N	IAME				10			//	
-	22- 01	(TYPE OR PRIN	T)	001 D. TC			ADDRESS				
	230.BI	PECIFY)	ON,REMOVAL		23c. NAME OF			23d. LOCATION CITY OR TOWN	and the second s		ATE
	24. FU	BURIAL INERAL DIRECT		DEC. 29,198	30 DULANEY	VALLE	Y MEM. GDNS	COCKEYSV	ILLE BALT	TIMORE MD	
		NAME		ADDRESS	500 YORK R	D	DE	C 3 1 1980	more		
	***	TOINITI-	HIPPELEI	DO HOUSE O.	DOO TOWN R	U.					10

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Dundalk. MD. 21222

(VRA 15, 4) 1/79

Wise Avenue

STATE OF MARYLAND

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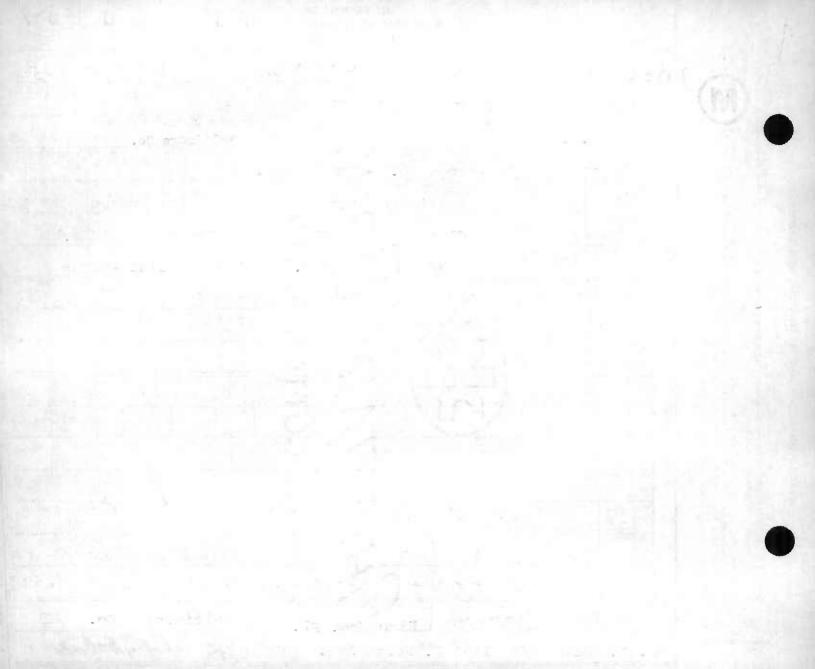
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15.4)

March F/H



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICALE OF DEATH		REG.	NO.			
		CEASED NAME OR PRINT)	Berth		A.		usman	2 a	DATE OF DEATH	12	DAY 2	YEAR 80	26. HOUR 1:40P
	3 SEX	Female		RACE White	1.	5. DATE C			GE (IN YEARS LAST)		IF UP	VDER I YEAR	IF UNDER 24 HRS
0		Balto. Me			WHAT COUNTR JSA	Y? 8. MARRIE. WIDOWE	D NEVER MARRIE	0-1	altimore city saltimore	OR COUN	ITY OF	DEATH	M
,	10. C1	Towson	DEATH	(IF NOT IN SUC	HOSPITAL, NURS	EET ADDRESS)	St. 2120	(TYF	USUAL OCCUPA E OF WORK FOR MOS Retir	TION TOF WORKING	G LIFE)   1	26. KIND O NDUSTRY	F BUSINESS OR
)	USUA 13a. S	TATE Md.	13h COUN Balt	OTHER INSTITUTION. TY O •	GIVE RESIDENCE BEF		13d. INSIDE CITY LIM	.ITS?   13e.	11736 G	reens	prin	ng Av	B.
9	14. FA	THER'S NAME Christia	an ^	AIDDLE C]	Lusman		15. MOTHER'S MAID		WIDDIE	R	ipke	en las	Т
		AS DECEASED EVI		MED FORCES? WAR OR DATES)	215-03		Mrs. Erma	A. St		ress Lut	hem	ville	, Md.
		Conditions, if or gove rise to i couse (o), sto underlying cou	mmediate iting the use lost.	(b) DUE TO, O (c)	R AS A CONSECTION OF AS A CONSECTION OF A CONS	al Inf	arction	E TERMINAL	DISEASE OR CO	NDITION (	GIVENI	N PART 10	D)
	CERTIFICATION	190 DATE OF OPER	RATION	19b. COND	TION FOR WHI	CH OPERATIO	N WAS PERFORMED		00 AUTOPSY?	20b. IF	YES, WE	ERE FINDING CAUSES	NGS USED OF DEATH?
		21a. ACCIDENT WAS LOT CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY O			JURY IN ITEM		OR PART 2)	
	MEDICAL	21d. INJURY OCCU	JRRED WHILE WORK	21e PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC )	21f LOCATION STREET		CITY OR	TOWN		COUNTY	STATE
		22a I certify that saw the dece above, (1) (we	osed olive on	101	219	0.0		80 pinion deoth	occurred on the	date and h	_, 19_		that (I) ( <u>we</u> ) los couses stated
		226 SIGNATURE	al D	jal-	Dottin		DEGREE  ATTEND PHYSIC	ING MI	EDICAL ST	AFF SICIAN (		22c. DATE 12/2	
		22d. PHYSICIAN'S	NAME (TYPE	PRINT)			22e. ADDRESS						

6701 N. Charles St.

DEC 4

DHMH-16 30M 2/80 (VRA 15, 4)

frem 18 show

MPORTANT:

24 FUNERAL DIRECTOR Eline Funeral Home Reisterstown, Md. 21136

23b. DATE Dec 5,1980

Dr. Kamal Dyal-Dottin

23a. BURIAL, CREMATION, REMOVAL (SPECIF Burial

23c NAME OF CEMETERY OR CREMATORY Evangelical Cemetery Baltimore, Mchunty 25a. DATE REC'D. BY REGISTRAR 25b. REM

1980

STATE

21204

Milester Smi beriett . D. . Steller Int. mettle gift. the second of th

	1-	FOR STATE REGISTRAR					H AND MENTAL H CERTIFICATE C		3 (	) 2 9	0
発展は製品		CEASED NAME PE OR PRINTI	U ON	TH	Lomas	(	OATS	2a. DATE KN OF E DEATH M	IOWN MONTH	DAY YEAR - 1298U	26. HOUR
Parents Annual Parent	I. SE	ARE U	white	5. DATE OF BIRTH	>8 52	E (IN YEARS   IF UI I BIRTHOAY) MON' YRS.	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCE DEAD	MONTH	OAY YEAR	2d. HOUR
PRESSA FUNERAL PRESSA P	FC	IRTHPLACE (STATE DREIGN COUNTRY) N. C.		176. CITIZEN OF WE	AT COUNTRY?	8. MARE	RIED ANEVER MARRI	ED 1	allo C		MD.
DELAY IS TO THE PAGE SE FILED	E		, mds	11. NAME OF HOS		HOME, OR OTH	HER INSTITUTION	12a. USUAL OCCUPATOR MOST OF WORKIN		OR INDUST Beth.	ISINESS RY
MD. 21201 ATH. IF ANY DE S. J. 2, AND SETAIN OID 2 SHOULD B	13a. S	AL RESIDENCE (IF IN	14	or other person, or	VE RESIDENCE BEFORE	ADMISSION OF THE PROPERTY OF T	13d. INSIDE CITY LIMITS? YES NO 🗷	13. STREET ADDRESS	essler(	4-2101	85
MD. WELL	1	William		MIDDLE	Coats		Desi	Amelia		LAST	02 00 d
BALTIMORE, URS AFTER DE 8. GIVE PAGE: WITH FORM PAGES 1 AN DIVISION OF	16a. V	VAS DECEASED EN ES, NO, OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	216-28-	4089	Mrs. Rose	e M. Coats,	809 Wies:	ser Ct.	21085
N ST., B 24 HOUR FEM 18. ONG W FERMIT. F		18. CAUSE OF DE PART I DEATH	WAS CAUSE	TE CAUSE (a)	Carde	ac Al	exect.			BENVEEN ONSE	T ANO GEATH
101 W. PRESTON ST., UTED WITHIN 24 HOU UTED WITHIN 24 HOU EXAMINER ALONG " RIAL-TRANSIT PERMIT. O MENTAL HYGIENE, I OOR REMOVAL.		gave rise	if any, which to immediate ting the <u>under-</u> ast.	(b)	AS A CONSEQUE	leiva	seular	Deseil		unde	L.
L RECORDS, 301 W. DULD BE EXECUTED V "PENDING" IN PEN IFF MEDICAL EXAM SED AS A BURRAL-TR HEALTH AND MEN CREMATION, OR RE	N O	PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PA	RT 1 (α).			
TAL DSE USE USE	CERTIFICATION	19s. DATE OF OR	ÉRATION	19b. CONDIT	ION FOR WHICH	OPERATION V	VAS PERFORMED?			20. AUTOPSY	? NO 🔣
BIVISION OF VITAL S CERTIFICATE SHOU TRING THE WORD " RDED TO THE CHIE FE S SHOULD BE USE E DEPARTMENT OF PRIOR TO BURRAL, OF	CAL CER	210. EXTERNAL C. UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M DEATH P.M	MONTH DAY	YEAR	IOW INJURY OCCURRE	D LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR P	ART 2)	
DIVISION WRITING CERT WRITING WARDED 'AGE 3 SHORT CATE DEPAIR	MEDICAL	21d. INJURY OCC WHILE N		21e PLACE C	OF INJURY (AT HI ORY, FARM, ETC.)		OCATION STREET	CITY OR TOWN	cc	YTHUC	STATE
EXAMINER: THIS CERTIFICATE WE UD BE FORWAR UD BE FORWAR UD RECTOR: PAGE WITH THE STATE		death resulted for		ge of the remains descrol couses ,	Accident .	d an Autop Suicide	osy , Inspection  , Hamicide .  TITLE_(SPECIFY)	Undetermined monn	ond in my a	pinian	
EDICAL THE THE THE SHO NNERAL AORE, A	2	ACTUAL SIGNATURE EXAMINER'S MAI (TYPE OR PRINT)	ME J	OHN	C. Hy	le	ADDRESS	MEDICAL EXAMIN	ER SIGN	ED 12-12	-80
TO MI	23a. B	URIAL CREMATION SPECIFY) Buria		23b. DATE 12-15-198		dens of	OR CREMATORY	23d LOCATION CHYORTOWN Overlea	Baltii	more M	íď.
DHMH - 17 (VR A15 ME (5)) 15M 7/77		Tassah		O BelairR	dKingsv	ille,Md	21087 25a. DATE	C18 1980	25b. REGISTRAR'S	SIGNATURE	7
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STATE OF MARYLAND

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5 412#	1.	FOR STATE REGISTRAR	DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYGIE CATE OF DEATH		0291
9 7		CEASED NAME FIRST COFIEL	D 11 NWWD E	ST	in bate of beatty	DAY YEAR 26 HOUR
4 may b	3. SE		CE S. DATE OF	DAY YEAR	. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS.
ogce.	-		ITIZEN OF WHAT COUNTRY? 8.	3 1 6 ·	BALTIMORE CITY OR COUNTY	OF DEATH
rs after dee by the func filed within	,10 C	TY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	20 USUAL OF CUPATION (1YPE OF WORK FOR MOST OF WORKING LIF SUPER VISOR	100000 00000000000000000000000000000000
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equires that the death certific in signed by the attending phy. Then please remave carbonpic to burial, cremation, ar remainjury, ar ather traumatic even	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT N		MALDISEASE OR CONDITION GIV	EN IN PART 1(o)
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PHYSICIAN: TI rending physicis this certificate he burial-transis and Memal Hygi	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	RIB. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 RIB PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	D (ENTER NATURE OF INJURY IN ITEM 18, F	ART I OR PART 2)  COUNTY STATE
OR ATTENDING the hospital or and DIRECTOR: Atter ached for use as t Dept. of Health of them 21 is market		220.1 certify that (I) (this haspital) a sow the deceased alive an above, (I) (we) (did) (did not) view	w the body after death.	t that in (my) (our) opinion de	oth occurred on the date and hou	19 80 , that (I) (we) lost r and from the causes stated
HOSPITAL bined by th FUNERAL buld be dete th the State		R-M-SNA 22d PHYSICIAN'S NAME (TYPE OR PRIN R-M. S	· ·		Old Cours R	D, RANDAUSTA
2 % 2 % 3 X		SPECIFY)		METERY OR CREMATORY Star Cemetery		COUNTY STATE Maryland
DHMH-16 30M 2/80 (VRA 15, 4)		NAME	035 W. North Ave. B	-1-10	REC'D. BY REGISTRAR 256, REGIST	KAK S SIGNATURE

Control of the trade of the control hadbags S. w star & S. . North Avs. Dails. T. Dr. Cl 7 1980 - San Ash

		STATE OF MARYLAND	50 10 log
- /	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & U	0 2 9
	DECEASED NAME LEST	REG. NO.  MIDDLE LAST _ 20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(1)	YPE OF PRINT!	na Caha Cheele 2	21984/3/01
3	SEX A	4 RACE . S DATE OF BIRTS 0 6. AGE [IN YEARS LAST ORTHODY]	IF UNDER I YEAR IF UNDER 24
A	female.	CAUCASIAN 10 3X 02 78 YRS.	MONTHS DAYS HOURS M
7a	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? A MARRIED NEVER MARRIED 1 8 BALTIMORE CITY OR COUNTY	OFDEATH
30	VIRGINIA	WIDOWED XX DNORCED   /3/1/ MAC	
E 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)  126 USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING LIFT	
10	10WSON	Mother institution, Give RESIDENCE BEFORE ADMISSION)  HOUSEWIFE	AT HOME
2/11	STATE	THY 13 CITY OR TOWN 134 INSIDE CITY LIMITS? 134 STREET ADDRESS	cha . A
19	FATHER'S NAME	Hay RA the YEST NO 6320 GREEN 15 MOTHER'S MAIDEN NAME	3 pring of
200	FIRST	STARK STARK SHARE	LAST
100	WAS DECEASED EVER IN U.S. A		UNKNOWN
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The second	18 CAUSE OF DEATH (Enter of	only one couse per line for (o), (b), and (c),	APPROXIMATE INTERV.
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niù A		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	
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81 m 18		216. TIME OF INJURY AND HOUR AM. AONH AY YEAR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, P	PART I OR PART 2)
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and Menta	THE INJURY OCCUPRED	210 PLACE OF INJURY JATHOME, STREET, FACTORY, DEFICE, FARM, ETC.	COUNTY STA
E B	AT WIDES OF MENTERS OF	TVA III	
21 is		pital) attended the deceased from UCL So 19 32 , ta 2 2 ,	19 12 , that (I) (w
tem tem	obove (II) wel did (did n	and that in my lour opinian death occurred an the date and have the body after death.  DEGREE	22c. DATE SIGNED
e Der	1001	ATTENDING MEDICAL STAFF	12/23/
-	1 1 CIV	PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	124-310
Sta AN	276 PHYSICIAN'S NAME LIVE		1 1 00000
ORTAN	274 PHYSICIAN'S MAGNE LIVE		2 /the di
with the State Dept. o. IMPORTANT: If Item	BURIAL, CREMATION, REMOVA	1 123h DATE 1231 NAME OF CEMETERY OF CREM HORY 1234 LOCATION	3alt halli
IMPORTAN 133	BURIAL CREMATION, REMOVA	- A Janoskins Univ Mil Hoppy	COUNTY STATE MARYLAND

STATE OF 90667 TO IT OF WATER OF Eller Sales Flo Further Lastell - UM - 102 00 T The sample of th 1495 EC 115 A 1 - 60 - 61 - 51 Dates to Thomas Land Francisco Compt of there was to their them, they through different to 12/23/60 a company of the cold of the The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filled within 72 hours ofth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The positive of once.

injury, or other traumatic event, the medical exami

IMPORTANT: If them 21 is marked or them 18 shows any

	FOR	
-	STATE	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CERTIF	ICATE OF DEATH	RE	G. NO.		
		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEA		DAY YEAR	2b HOUR
	(1177)	CALLIF	E DAISY	CC	LE	Decembe:	c 16, I	1980	1:38a M
	3. SE.	×	4 RACE	S. DATE C	DE BIRTH DAY 98 YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
0		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED		_		MD.
-	10. C	POSSVILLE	11. NAME OF HOSPITA  (IF NOT IN SUCH FACILITY,  FRANT	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCI	AOST OF WORKIN		PF BUSINESS OR
5	13a S		NTY 13r CITY	OR TOWN	136 INSIDECITY LIMIT YES NO [	9714	MAT	ZON	RD
7	14. F.A	SAMUEL	MIDDLE PRICE	LAST	15. MOTHER'S MAIDE	FLOYD MID	DLE	LAS	л
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI		2 03 9638	17. INFORMANT MARY	DAVIOSE	DDRESS	9713 MAT Z	CON RD
	No	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A C  (b)  DUE TO, OR AS A C  (c)  CONDITIONS CONTRIBU	ONSEQUENCE OF	NOT RELATED TO THE	terminal disease or	CONDITION	GIVEN IN PART 110	21
?	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSYS	IN CEI	YES, WERE FINDIN RTIFYING CAUSES YES [7]	
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MO	NTH DAY YEAR	27 - 18	CCURRED (ENTER NATURE C	_		
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO		211. LOCATION STREET	City	OR TOWN	COUNTY	STATE
	11/1	22a.1 certify that (1) (this hasp saw the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE		19, or		inion death occurred on	STAFF	hour and from the	couses stated
		224 PHYSICIAN'S NAME (TYPE C	ORPRINT) ERN	M.D.	22e. ADDRESS	omecion [1	TOTAL ALT		
		BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATO	CITY OF TO		COUNTY	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

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BURIAL

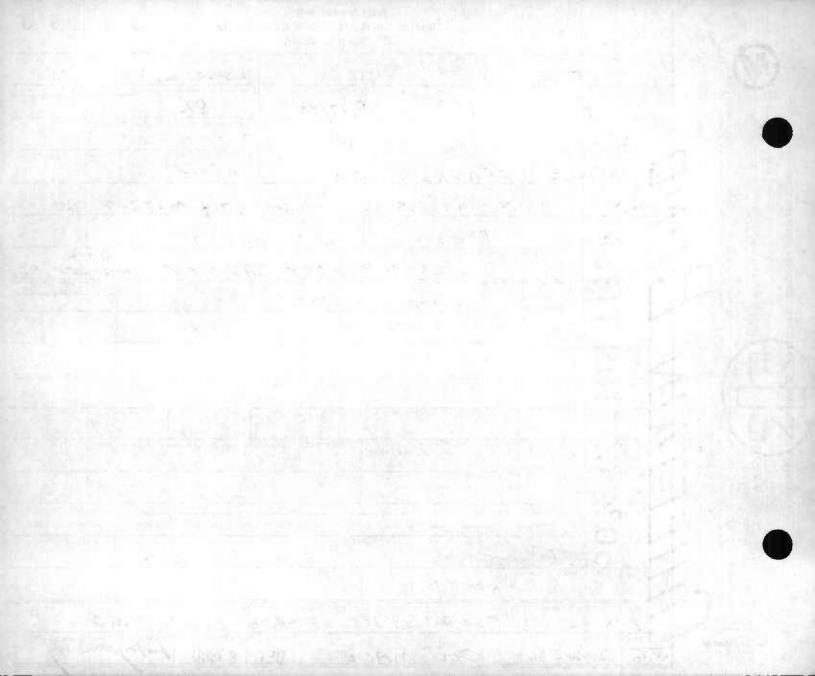
24 FUNERAL DIRECTOR

T.G. COMMELLY

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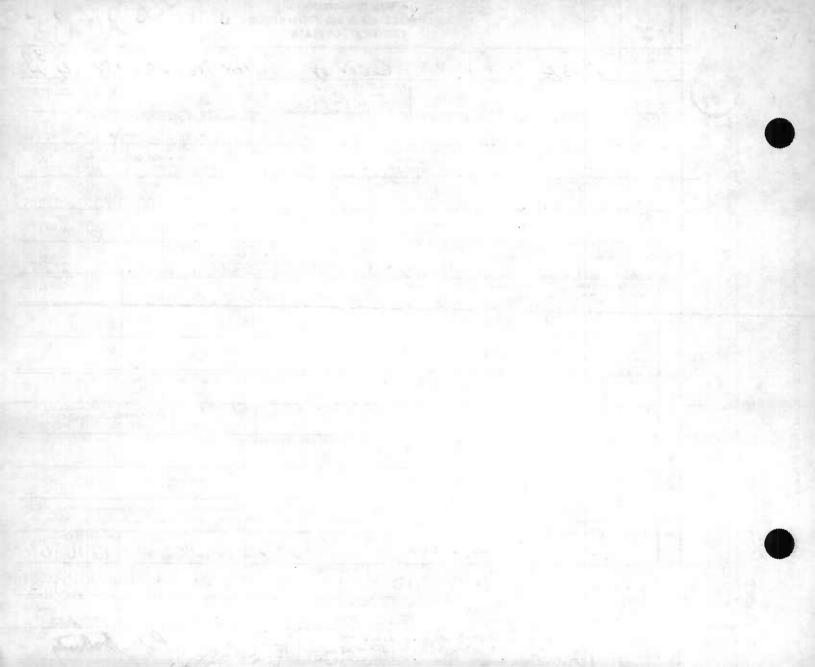
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	1-	FOR STATE REGISTRAR			EPARTMENT OF ICAL EXAMIN		ND MENTAL		0	3 0 2	94	
	1. DE	CEASED NAME E OR PRINT)	FIRST		MIDDLE	LAS	T	2a. C	OF ESTI-	O. MONTH DAY	YEAR 7b. HOL	UI
	3 SEX	4.	Annis	5. DATE OF BIRTH		Come		R 24 HRS. 3r.	DATE NOUNCED	MONTH DAY	YEAR 2d HOL	PA UI
	7a BI FO	emale RTHPLACE (STATE REIGN COUNTRY)	White	76 CITIZEN OF WHA	1909 71 Y	RS.	NEVER MAR	9 B	ALTIMORE CITY O	OR COUNTY OF	1980 95 DEATH	M
		irginia	DEATH	USA  11. NAME OF HOSPI	TAL, NURSING HOM	WIDOWED	☐ DIVOR	IZO USUAL	OCCUPATION (TYP	e Count	Y ND OF BUSINESS	ΛD
0		uthervi		( IF NOT IN SUCH FACIL	dington Ro	oad		Hous	ewife	OF	memake:	r
5	13a. S	laryland	13b COUNT	Y	13c. CITY OR TOWN Luthervil	1134	I INSIDE CITY LIMITS?	25 H	oddress Addington	n Road		
		THER'S NAME Willis		WIDDLE	Crabtree		MOTHER'S MAIL Bertha		MIDDLE	Honak	last Cer	
1	160. W {YE	AS DECEASED E S. NO, OR UNKNOWN NO	VER IN U.S. ARM ) (IF YES, GIVE W	ED FORCES? VAR OR DATES)	213-38-6	SCA HE	Phillip			Brokens		
N, OR REMOVAL.	Conditions, gave rise cause (a) sto lying cause	if any, which to immediate uting the under-	(b) DUE TO, OR A	SACONSEQUENCE SACONSEQUENCE	lypo	Meh 195	Info	ection 3	- Arry 10	organist interval interval and text in differ of ges fyrs	1 1	
CKEMATIO	ATION	19g. DATE OF OF		DHTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM			PART 1 juj		[20 A	UTOPSY?	
S BURIAL	L CERTIFICATION	210. EXTERNAL C	_	21b. TIME OF IN HOUR A.M.	NJURY MONTH DAY YEAR	21c. HOW	INJURY OCCURR	RED LENTER NATUR	E OF INJURY IN ITEM 18	Y	ES NO 2	1
	ă	21d. INJURY OCC WHILE AT WORK	LIRRED		INJURY (AT HOME, Y, FARM, ETC.)	21f. LOCAT STREE		СПҮ	OR TOWN	COUNTY	STATE	
ORE, MARYLAND, 212			ram: Natura	of the remains descri		Autapsy icide ,	Inspection Hamicide	On Undetermin	ed manner .	d in my opinion  DATE SIGNED	1/3/80	
TER	22. DI	(TYPE OR PRINT)	N. DEMOVALIAN		23c. NAME OF CE	METERY OR CI		23d. LOCATI	ON VN .33	CONNIA	STATE	=
	24. FU	Buria NERAL DIRECTO NAME LITTIN D.	R	12/16/80 n,10W.Pa	Dulaney		25a. DATE			Baltimo		

have and the later and the same 

100				STATE OF MARTLAND	0 0 7	0 2 9 5
3	1	FOR STATE REGISTRAR	DEPARTI	CERTIFICATE OF DEATH	REG. NO.	0 2 7 4
	I. DE	CEASED NAME FIRST	MIDDLE	LAST		AY YEAR 26. HOUR
25		ROSA	н	CONN	Wed Dec 10,	1980 4 1
THAT )	3 SE		RACE	5 DATE OF BIRTH MONTH DAY YEAR	a. Troc ( a. terran and tall and tall a	FUNDER I YEAR IF UNDER 24 HR
見り		FEMALE	WHITE	JULY 12, 1888	92 yrs.	MINITES DAYS MOURS MIN
TO W	7a. 8	IRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	OF DEATH
72		RUSSIA	USA	WIDOWED XX DIVORCED	BALTIMORE COU	NTY
within	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESSI	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS C
y by	R	ANDALLSTOWN		ONVALESCENT CENTER		AT HOME
led in	USU 13a	AL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	
E E E		MARYLAND BALT	O. BALTIMO		8504 STEVENSWO	OD RD. #2120
2 sho	14 F	ATHER'S NAME FIRST M	IDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
201000		ELLIS	HERMAN HOWA			UNKNOWN
2 E		WAS DECEASED EVER IN U.S. ARM		PRITY NO. 17 INFORMANT MR	. SHELDON SAKIN	
Pages , the		YES, NO OR UNKNOWN) (IF YES, GIVE Y	213-50		NSWOOD RD. BALTO	MD 21207
ysicial pers. F oval. event,			y one couse per line for (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
phys pape mov		PART I. DEATH WAS CAUSED	BY	inscharates 1	Root descare	
ending ph carbon pa on, or rem traumatic	10	MMEDIATE	CAUSE (a)			
		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF		
the at emati		gove rise to immediate	(b)			
> 2 5 5		couse (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF		Mary 1990
igned b please burial, njury,		DADY O CYUED SICAUSICANIY CO	(c)	DEATH BUT NOT RELATED TO THE TER	WINAL DISEASE OR CONDITION CIV	ENLINI DART 1/a
n s to	Z	PART 2 OTHER SIGNIFICANT CO	DINDITIONS CONTRIBUTING TO	DEATH BOTTON RECALED TO THE TEXT	WINAE DISEASE OR CONDITION OF	ELA BAT MAT 110.
s been int. The prior	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
	문					YING CAUSES OF DEATH?
reat 18 4	- 1	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18, P.	<u> </u>
Sertifi certifi trans stal H Item		OR CONTRIBUTING CAUSE OF DEAT	LIGHTS A M. MONTH D	AY YEAR		
or Aler	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21s PLACE OF INJURY	19 ZI) LOCATION		
trending physic  After this certif is the burial-tran th and Mental F  marked or Item	MED	21d. IN JURY OCCURRED  WHILE OF HOT WHILE OF	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
arte as tl alth is mä		AT WORK		19	to	19, that (I) (we) lo
5 0 s = -			al) ottended the deceased from		death accurred on the date and hav	
Spital	1	saw the deceosed olive on above, (1) (we) (did) (did not	view the bady after death.			22c DATE SIGNED
Ched Ched		22b. SIGNATURE	C-0- 12	DEGREE ATTENDING	MEDICAL STAFF	10.10 CA
RAL BAL Jeta Jeta tate		Jerne	Crudy 1-19	PHYSICIAN	DIRECTOR   PHYSICIAN	10,10,80
retained by the hospi TO FUNERAL DIRE; should be detached fo with the State Dept. IMPORTANT: If Iten		22d PHYSICIAN'S NAME (TYPE OR	Ginsberg. In	1D 5310 0	ID Court Ra	Randalblown
shou with	22.	STIPLAL COEMATION DEMOVAL	Tab DATE Tab	NAME OF CEMETERY OR CREMATORY	234 LOCATION	VILT
	230.	BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL			CITY OR TOWN	COUNTY STATE
3P	24			HEBREW FRIENDSHIP	BALTIMORE TE REC'D. BY REGISTRAR 256. PEGIST	MARYLAND.
DHMH-16 25M	24	NAME	LEVINSON & BROS	nr.	4 4000	A CALL
(VRA 15, 4) 1/79		6010REISTERSTOWN	N RD. BALTO	, MD 21215 DE	C1 6 1980	7/10/10/10/10





Attack, other and the same of Furth 1246/80 Woodhwn Cerrshay Woodson, Md. Honey W. Jandha & Bone Co. ACUS York Fouth Callet, Ned. 181212 REGISTRAR

Stromever Gloria E. Connelly, 1100 Green Acre Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (aux) apinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Richard Maffezzoli, M. D 1205 York Road 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Cockeysville, COUNT Burial 12/26/80 Dulaney Valley Maus. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE J. E. Lowell Lemmon, 10 W. Padonia Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2h HOUR

126. KIND OF BUSINESS OF

Contracting

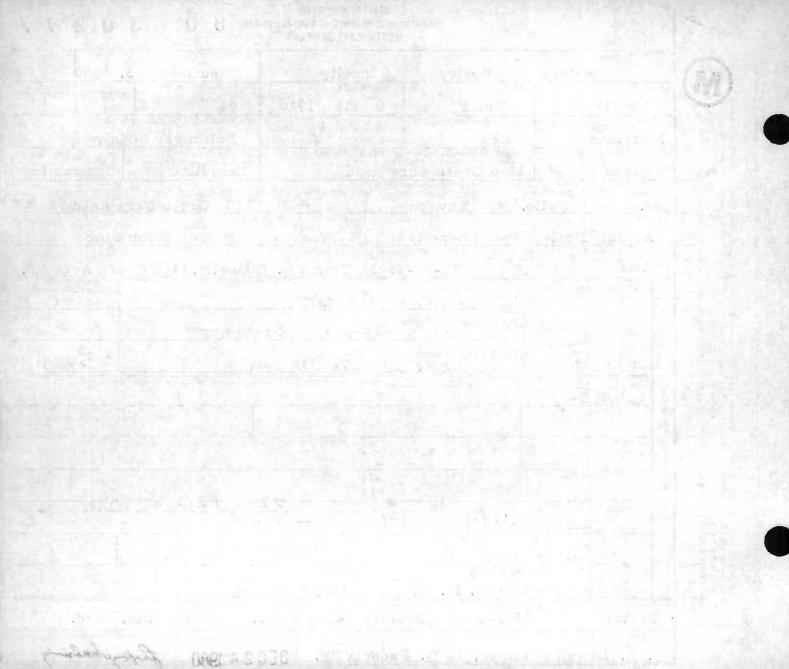
IF UNDER 24 HRS

IF UNDER 1 YEAR

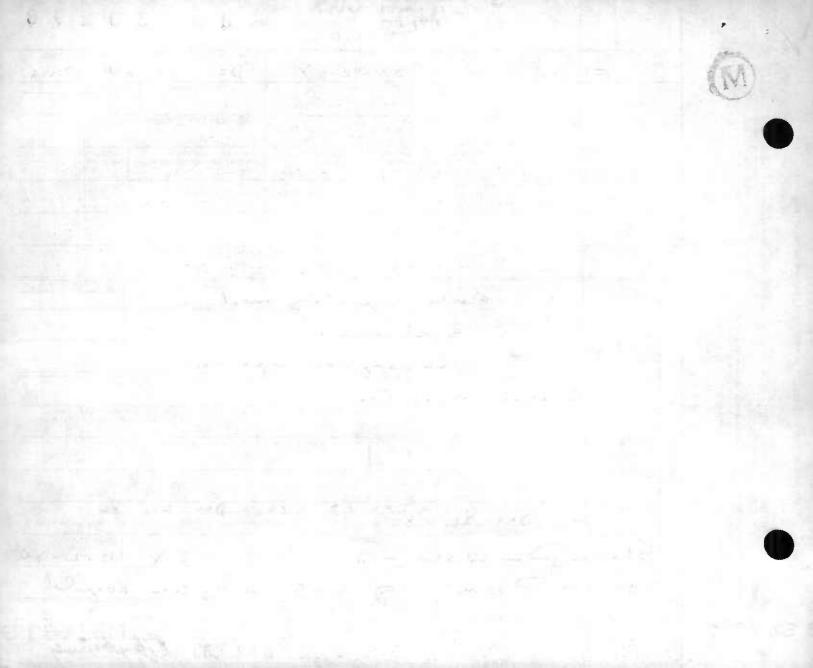
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(VRA 15, 4)

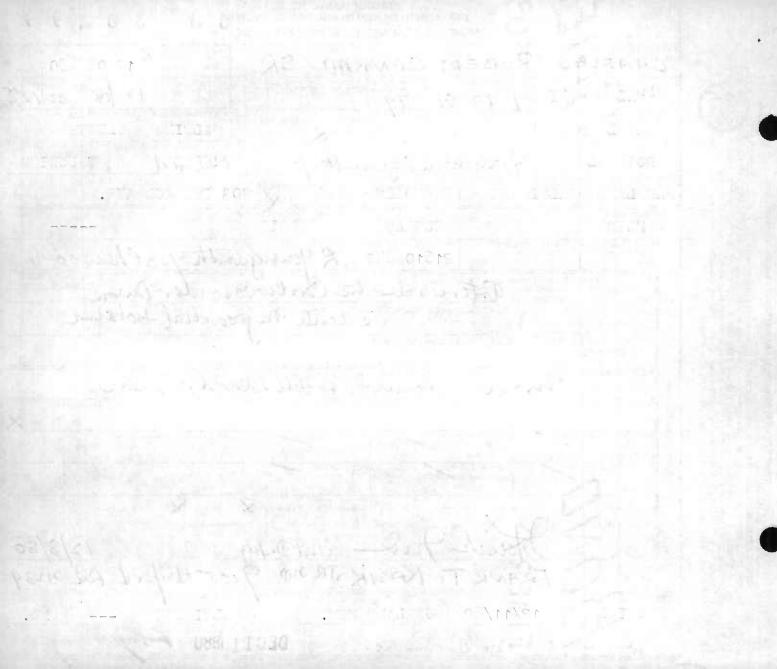
DHMH-16 30M 2/80



8728 Liberty Road, Randalletan, Maryland 2113

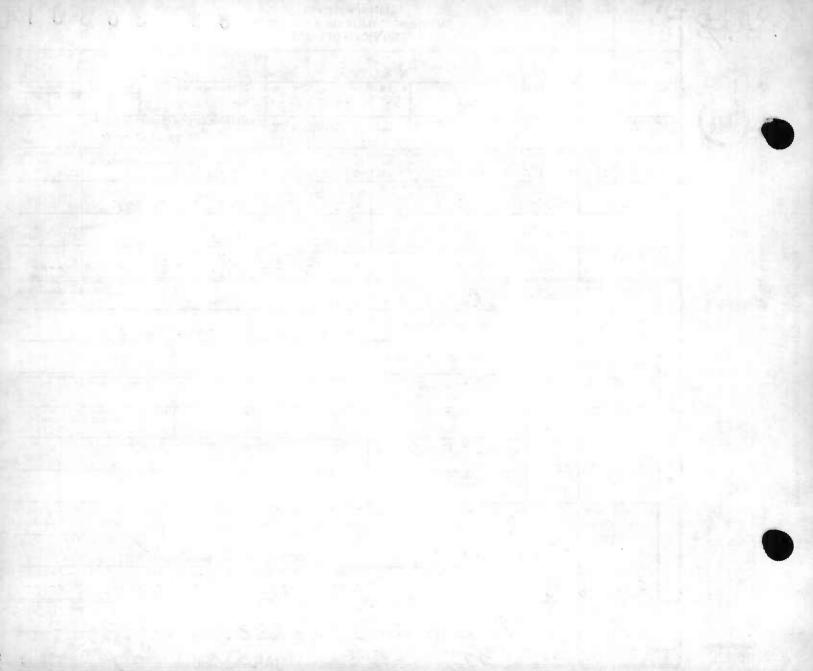


	500	D		OF MARYLAND	CIENT	7 0 0 0	0				
11-	FOR STATE REGISTRAR	ATE MEDICAL EVANINEDIS CERTIFICATE OF PEATH									
1. DEC	ECEASED NAME FIRST		RT CON	RAD, SR	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR	2b. HOU				
SEX SEX	MALE WHIT	S. DATE OF BIRTH		IF UNDER 1 YR. IF UNDER 2	4 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR	2d. HOU				
35 "	BIRTHPLACE (STATE OR OREIGN COUNTRY LAND	76. CITIZEN OF WHA	AT COUNTRY? 8.	MARRIED   NEVER MARRIE	BALTIMO		MD				
57	ROSEDALE	Frank	ITAL, NURSING HOME, C	or other institution	FOR MACHINE LIFE	(TYPE OF WORK 128. KIND OF BL OR INDUST TRUCK	ING				
35 MA	ARYLAND BALT		13 ROTSEDALE	Ties Di Tres	13 STREET ADDRESS AC	O AVE.					
30	FRED	MEDDLE	CONRAD	CAPRIE	AIDDLE						
1 160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	218106849		gwarth 90	3 Chesaco	,				
OF HEALTH AND MENTAL HY AL CREMATION, OR REMOVA C	cause (a) stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS  190. DATE OF OPERATION	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINA  SHOWOOD  ON FOR WHICH OPERAT	LOYEASE OR CONDITION GIVEN IN PAR LL + Hall ION WAS PERFORMED?	Bladdy D	Luiase 20. AUTOPSY	?				
MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P.M.	MONTH BAY YEAR  19 FINJURY (ATHOME,	21c. HOW INJURY OCCURRED			но 🔀				
ARYLAND, 21201	22a. I certify that I took charged death resulted from: No.	ge of the remains descr	ribed obove, held on Accident , Suicio	Autopsy , Inspection de , Homicide	Undetermined monner	ond in my opinion  DATE	180				
A LL C	ACTUAL SIGNATURE	7 116	- Was	TR HO	MEDICAL EXAMINER	SIGNED 1	10 0 0				
(	EXAMINER'S NAME (TYPE OR PRINT)  BURIAL, CREMATION, REMOVAL	ZRANK 23b. DATE 12/11/80	TI KASI 1236. NAME OF CEME MORELANI		23d LOCATION BALTIMORE BC'D. BY REGISTRAR [2]	ford Rd 3	1234 STATE MD.				



1	1	FOR STATE			DEPARTMI	NT OF H	EALTH		ENTALH				3 (	3	0	0
8	1, DE	REGISTRAR CEASED NAME FOR PRINT	FIRST	ME	MIDDLE	AMINE	L	AST			20. DATE			TH DAY	YEAR	26. HOUR
H F F G		24	MUEL	P		C		STAN	TIM	0	OF DEATH	ESTI-	3 12	27	1980	0238
CHOR C	I SE			DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTH		HOURS	24 HRS. MIN.	2c. DAT	INCED	MONT	c-	1980	2d HOUR
TAM )	7a. B	RTHPLACE (STATE OR	ite /	8 25 b. CITIZEN OF WI	22 HAT COUNTR	58 YRS.				765	9. BALTI	MORE CITY				1848
24.	Net	W Jersey		U.S.			MARRIE	D NEV	/ER MARRI			timor	_			
S SOIL V	ID. C	TY OR TOWN OF DEA	ATH 1	1. NAME OF HOS	PITAL, NURSI	NG HOME, (	OR OTHE			12a. USU		UPATION (T		RK 12b. K	IND OF BU OR INDUSTR	
SHOULD	USUA 130. S	L RESIDENCE (IF IN NU	rsing home or co 13b COUNTY Balti	THER INSTITUTION, GI		ORE ADMISSION	)	13d. INSIDE CIT	TY LIMITS?	13e. STR	EET ADD		m R		BOCI	110
DIVISION OF VITAL		THER'S NAME		WIDDLE	LAS			IS. MOTHE	8.5			WIDDLE	111 111	Jau	LAST	
230		John			Cons	tanti		Tr	neres	sa				Vi	llan	0
100	16a. V (Y	VAS DECEASED EVER ES, NO, OR UNKNOWN) Yes	IN U.S. ARME	D FORCES? R OR DATES)	166. SOCIA	SECURITY N	27	17. INFORM		W.		100R				
		18. CAUSE OF DEAT		one couse per in			2/1	Mari	e G.	we.	TKEL	GLEA	1.30	1	APPROXIMATE	INTERVAL
AL.	1	PART I DEATH W	AS CAUSED B	Y: (	Mony		rem	ic m	40ca	udio	al c	Msea	re	BET	TWEEN ONSET	AND DEATH
MOV	8	2509 Conditions, if		DUE TO OR	AS A CONSE	QUENCE OF	VV.	1	9						1	4
ACALITY AND MENIAL HIGHENE, D. AL, CREMATION, OR REMOVAL.	-	gave rise ta	immediate	(b) D	AS A CONSE	s m	elle	hus							1	<u> </u>
NO.		lying couse lost.		(c)	AS A CONSE	QUENCE OF										
EWA	Z	PART 2 DIHER SIGNIFICAN	1 CONDITIONS COM		BUT NDT RELATED	TO THE TERMINA	L DISEASE	DR CONDITION	GIVEN IN PAI	RT 1 (a).	15, 31				11-10	
1	CERTIFICATION	190. DATE OF OPERA	ATION	19b. CONDIT	ION FOR WH	ICH OPERAT	ION WA	S PERFORA	MED?						AUTOPSY?	Ken
2 10 BC		210. EXTERNAL CAUS	OR		INJURY MONTH D	AY YEAR	21c. HO	W INJURY (	OCCURRE	D (ENTER )	NATURE OF I	NJURY IN ITEM 1	B PART 1 OF		103 0	Ma-L1
2	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT W	WHILE	21e. PLACE C STREET, FACT	OF INJURY ( ORY, FARM, ETC.)	AT HOME,	211 LOC STI	ATION			CITY OR T	OWN		COUNTY		STATE
AFTER DEATH, WITH THE STATE DEPARTMEN OF BALTIMORE, MARYLAND, 21201 PRIOR TO BUILD OF THE STATE DEPARTMEN		220. I certify that I		N		7	Autopsy		Inspection		Inquir		nd in my	apinion		
WIIH ARYL		death resulted from	Natural	couses .	Accident L	J, Suicio	de L.,	Homici PALE (SP	PECIEY)	Undet	ermined n	nanner	,		12/-1	/
ATH, RE, M		ACTUAL SIGNATURE	CNO!	Hern O	Lono	veen	M.[	ak-L	puty	MED	ICAL EXA	MINER	DA		11/	80
LTIMO	1	EXAMINER'S NAME (TYPE OR PRINT)	J.CRO	SSAN (	si por	OVAY	1_	DDRESS_	2129	UND	ALK	AVE.	BI	KUT.	MD.	212.22
A A	23o.B	JRIAL, CREMATION, R	EMOVAL 236.			AE OF CEME				CITY	CATION OR TOWN	T. D.	C	OUNTY	ST	ATE
_	24 FI	Burial  JHERAL DIRECTOR D	12	1/10/19	80  Sa	red	Hear	rt Of	Jes So. DATE R	SILS REC'D BY	REGISTR	AR [25]	alt	Had	TURE TO	D
5))	7	922 Wise	Aven	ue Dur	ndalk.	MD.	212		DEC	101	1980	-	7	5565900	,	

W. B. C. C. C. BLOWING CONTROL The discussion and the second second is the second 7 FOOT WEST AVENUE TWINESE, ED. 21222 OEC101880 Forty



PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 19 19 Gand that in (my) (our) apinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED Pack IVe ests ID6E 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

IF UNDER LYEAR

INDUSTRY

2b. HOUR

HOURS

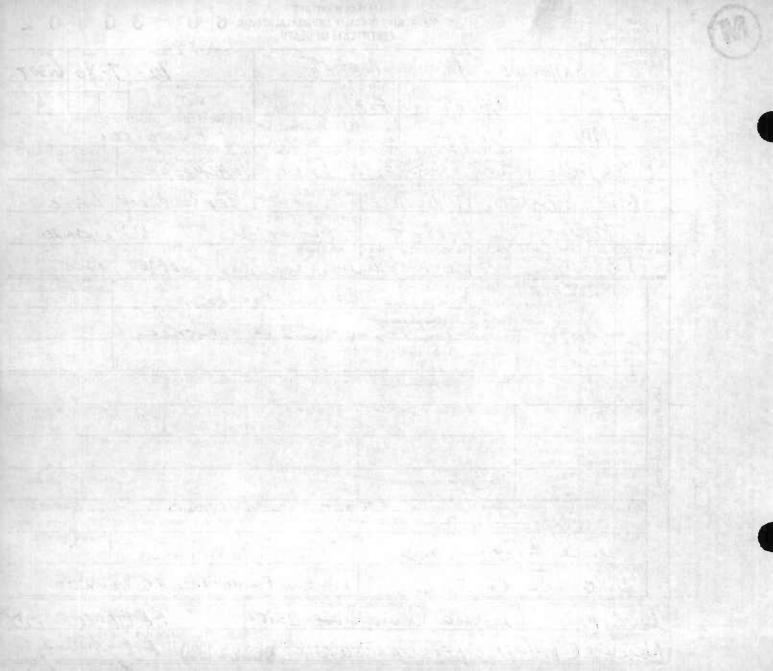
126 KIND OF BUSINESS OR

IF UNDER 24 HRS

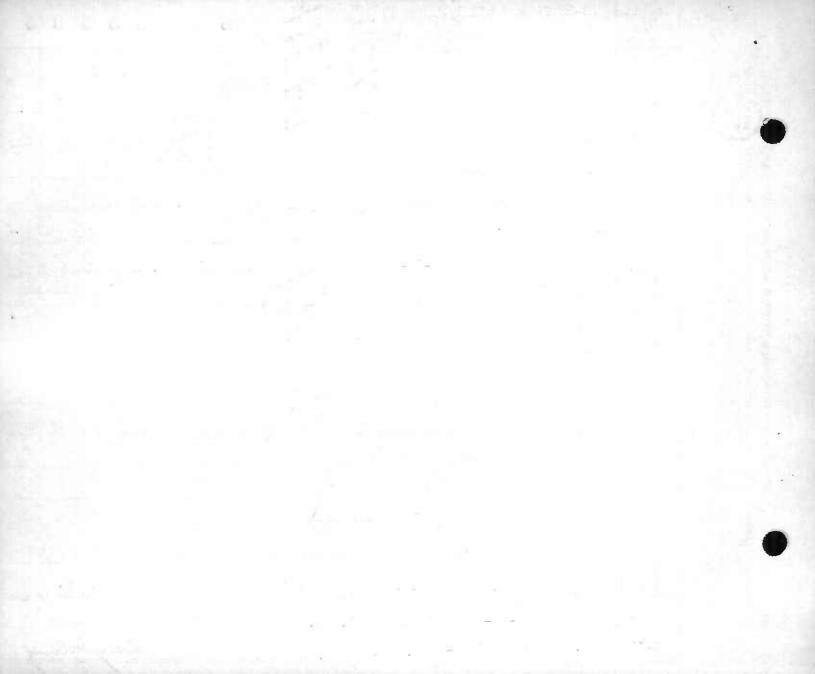
DHMH - 16 50M 7/77 (VRA 15(4))

FOR - STATE

REGISTRAR



	1. DE	STATE REGISTRAR CEASED NAME E OR PRINT)	FIRST		MEI	MIDDLE	EXAMIN	IER'S	LAST	CATEO		a. DATE	REG.	NO. MONT	H DAY	YEAR	2b. F
	(TYP	E OR PRINT)	PEARI	IE		M		C	ORLEY			OF DEATH	ESTI- MATED	□ 12	6	1980	
	3. SE>		4. RACE	5. DATE C	F BIRTH	YEAR	6. AGE (IN YE	ARS IF U		IF UNDER		C DATE	ICED	MONTH	_		2d.
l		emale	Black	9	29	32	48 Y		THS DAYS	HOURS	MIN.	PRONOUN	ICED	12	6	1980	1 1 P
1	FO	RTHPLACE (51		7b. CITIZE	N OF WH	IAT COUN	ITRY?	8. MARI	RIED XXNE	VER MARRI	ED 🗆	9. BALTIM	ORE CIT	OR COU	NTY OF	DEATH	
l	SC	UTH CAP				S		WIDO	WED 🗆	DIVORC	ED 🗆			ore C			
ł	10 CI	TY OR TOWN	OF DEATH				RSING HOM	E, OR OT	HER INSTITU	NOIT	12a. USU FOR M	AL OCCUI	PATION (	TYPE OF WOR	12b. K	IND OF B	USINE
		andalls		Ba1	timo	ce Co	unty G	ener	al Hos	spital		CHER					
ı	13n S	TATE	IF IN NURSING HOM	E OR OTHER INST NTY TIMORE	ITUTION, GI	113c. CITY	OR TOWN		13d. INSIDE	CITY LIMITS?	13e STRE	ET ADDRE	SS				
	_	RYLAND		TIMORE		RANI	PALLSTO	DWN	YES 🗌	NO X	32			KES I	ANE		
	14. FA	THER'S NAME	_	MIDDLE			LAST			ER'S MAIDE	NAME	M	IDDLE			LAST	
ŀ		BENN1					SIBBS		SA	LLIE	113				T	AYLOR	2
ĺ	16a. V	ES, NO, OR UNKNO	DEVER IN U.S. A	RMED FORC	ES?		IAL SECURIT		17. INFOR				ADDRE				
ŀ		N/A					28-92	70	CALV	IN COL	RLEY	3209	ST.	LUKE		ANE	
1		18 CAUSE O PART I DE	F DEATH (Enter of ATH WAS CAUS	inly one caus			. 1	130		1714					BET	APPROXIMAT	ET AND
ı		516		ATE CAUSE (	0)	neumo				37							
1		Condition	ns, if any, which		E TO, OR	AS A CON	ISEQUENCE	OF									
ł	_	gave ris	e ta immedia	le ) (	b)												
ı		lying cau	stating the <u>unde</u> se last.	DUI	E TO, OR	AS A CON	ISEQUENCE	OF									
l		DART 2 DIVING	CHILICIAN COMPANIO	(	c)												
ı	z	PAKI Z WINEK SIL	GNIFICANT CONDITION	2 COMINIBULING	-												
1	TIO	19a. DATE OF	OPERATION	196		nphoc	WHICH OPER		stitia		eumon	ıa			lan.	AUTOPSY	(0
١	FIC				CONDII	IOIVIOR	WINCII OF E	AHORY	VASTERIO	WILD;					20	-	
1	MEDICAL CERTIFICATION	21a. EXTERNA	L CAUSE WAS	21h	TIME OF	INJURY		21e F	OW INJURY	OCCUPPE	D JENTER N	ATURE OF IN	HIDY IN ITEM	18 PART I OR	DART 2)	YES LX	N
	AL C.		OR NG CAUSE OF		DUR A.M	MONTH				JCCORRE	(EINIER IN	OF IN	WALLE HELD	IN FART I OK	- ART 2)		
	DIC	21d. INJURY C			P.M.	OF INJURY	19 (AT HOME.	211 10	CATION								
1	ME	WHILE AT WORK	NOT WHILE			ORY, FARM, E			STREET			CITY OR TO	WN		OUNTY		
1			ATWORK														
			y that I taak cha	-				Auta		Inspection	ь Ц,	Inquiry	□	and in my	pinian		
2		death resulte	ed fram: Nat	ural causes	<u></u>	Accident	□, St	icide _	, Hami	cide 🔲	Undete	rmined mo	inner	J.			
		ACTUAL	1 /200	,	PA.	0.				SPECIFY)	+			DAT		12/9	10
d		SIGNATURE_	Juvac	me v	NO	can		/	A.D. ASS	sistan	MEDI	CAL EXAM	INER	SIGN		14/3	70
4	and or	EXAMINER'S	NAME	:	De	1 0 =	M D			111 Pe	nn C	troot	Ra	1 timo	re	Md	
ł	22 - 61	(TYPE OR PRIN		inia L	. DO								, па	LCTHO	10,	rid.	
	15	PECIEV)	ION, REMOVAL		0 60		NAME OF CE			ORY	Z3d. LOC	CATION	25		UNTY		STATE
1		BURTAL INERAL DIREC	TOR	12-1			RBUTUS			25a. DATE R		LTIMO				LAND	
I	E	TZABET	H L. PHI	HITDO	ADDRESS	11.07	At ita	Un a-	-					P	SIGNA	600	
1				,	116	1-2/	IV. MU	NKUL	SI.	n	FLL	5 19	DL.	berelo	7//	·	and i



	1-	FOR STATE	DEPART	TMENT OF HEAL	F MARYLAND TH AND MENTAL HYG	DIENE 8 0	3 (	3 0	
	DEC	REGISTRAR	MIDDLE	CERTIFICA	ATE OF DEATH	REG. N		1	
		CEASED NAME FIRST				20. DATE OF DEATH	MONTH DAY	YEAR 2b H	
1	B. SEX	ALFRED GORD	ON 14. RACE	CORMACK 15. DATE OF B		6. AGE (IN YEARS LAST BIR	THDAY) IF L	1980 1	
	. 02,	Male	white	Nov. 9	DAY YEAR	54	YRS:		
35		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY USA	? 8. MARRIED WIDOWED	NEVER MARRIED	9. BALTIMORE CITY O	TIMORE CITY OR COUNTY OF DEATH		
56		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE GRMC-6701 N. (			120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Plumber	ION	126. KIND OF BUS INDUSTRY Con-Rail	
	J5U A 13a S	L RESIDENCE (IF NURSING HOME OF TATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d	I. INSIDE CITY LIMITS?	130. STREET ADDRESS 7855 Easte	lale Roa	d 21224	
30	4 FA	THER'S NAME FIRST Thomas	MIDDLE LAST Cormac	15.	MOTHER'S MAIDEN NAME NOTHER'S MAIDEN NAME NAME NAME NAME NAME NAME NAME NA	ME MIDDLE	Ril	LAST	
пеdico		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GN	VE WAR OR DATES)		hirley Corn	ADDR	Same		
y injury, or other trour	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost:  PART 2. OTHER SIGNIFICANT (	(b) CANCER  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	UENCE OF			20b. IF YES, W	IN PART I (D) VERE FINDINGS US	
à Co	ā l						THA CEKTHELIN	O CAUSES OF DE	
no sways on	E	at accident was interpriving F	7 21 THE OF BUILDY	121	. HOW IN HIRV OCCUPY	YES NO	YES [		
tem 18 shaws on	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE,	HOUR A.M. MONTH	DAY YEAR	6 HOW INJURY OCCUR		_		
rked or Hem 18 shaws on	MEDICAL CERTII	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	C HOW INJURY OCCUR!  I LOCATION STREET		RY IN ITEM 18 PART	T OR PART 2)	
m ZI is morked or Item 18 shaws on	MEDICAL CERTI	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220 I Certify that (1) (this hasping the same of t	ATH HOUR A.M. MONTH E P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  ital) ottended the deceosed from.	DAY YEAR 19 211 , FARM, ETC.)	LOCATION STREET  , 19  and in (my) (our) opinion	RED (ENTER NATURE OF INJU	OWN 19. 19.	COUNTY , that (I	
If them 21 s morked or them	MEDICAL CERTI	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE I 21d INJURY OCCURRED  WHILE NOT WHILE  AT WORK  220 I certify that (1) (this hasp)  sow the deceased alive on	ATH HOUR A.M. MONTH E P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  ital) ottended the deceosed from.	DAY YEAR 19 211 . FARM. ETC.)	not in (my) (our) opinion	RED (ENTER NATURE OF INJU	own 19 ote and hour or	T OR PART 2)  COUNTY  Representation of the country	
WPORTANT: If item 21 is morked or item	MEDICAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220 I Certify that (1) (this hasping the same of t	ANDRADE	DAY YEAR 19 FARM, ETC) 211	I LOCATION STREET  , 19  Boot in (my) (our) opinion REE  ATTENDING PHYSICIAN  B ADDRESS	CITY OR TO	own , 19 ote ond hour or	COUNTY , that (I	

e i de la companya de The state of the s MESTO throw of the term of the x torouther members of the term of the - Long Control of Cont and distribution and all some constants and Solina Car of personal in a Contract bag Sato | State  C I T O A II T STATE OF THE STA Consugar will be a consultation of the consult STATE OF MARYLAND.

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

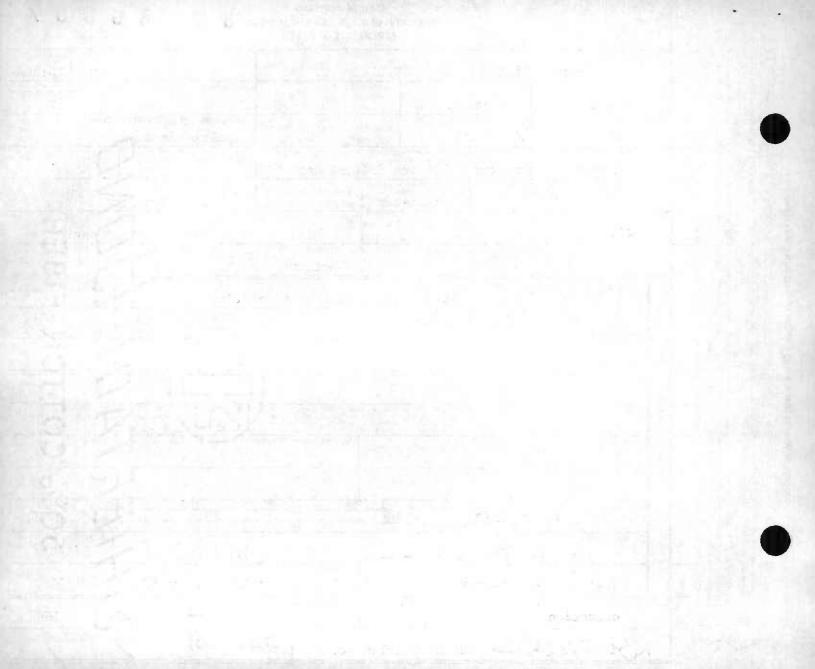
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O DESCRIPTION OF THE PROPERTY OF THE PROPERTY

			FOR STATE REGISTRAR		RTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	REG. NO		0 3	0 7
			OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH		YEAR	2b HOUR
		1 651	Baby	Girl (	COSTLE		1.405	12 30		10:20A
		3. SE	Female	Black	MONI MONI		6. AGE (IN YEARS LAST BIR	M	IF UNDER 1 YEAR	IF UNDER 24 HRS
conce.			RTHPLACE {STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTE	2V2 R	D NEVER MARRIED	Baltimore City o	_		
notified #	56	10 C1	TOWSON	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Creater Baltime	SING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON	12b. KIND C	OF BUSINESS OF
must be	35	USU/ 13a. S	AL RESIDENCE (IF NURSIF DI)	ROTHER INSTITUTION, GIVE RESIDENCE BEINTY 130. CITY OR TO Westmin		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 82 S. Cen	ter St	reet	
exominer		I4 FA	THER'S NAME N/A	MIDDLE LAST		15 MOTHER'S MAIDEN NAM Tina			Cost	ley
the medicol	2		/AS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SE	CURITY NO.	mother	ADDRE	SS		
ony injury, or other troumatic		CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19th DATE OF OPERATION	DUE TO, OR AS A CONSECUTED TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI	O DEATH BUT		NAL DISEASE OR CONI		N IN PART 10	
IO MO		TIFIC,	THE DATE OF OFERATION	The condition for with	CITOTERATIC	WAS TENTONNED	YES X NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
tem 18 sh	1		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PA	RT 1 OR PART 2)	t.Y
rked ar	'	MEDICAL	214 INJURY OCCURRED  WHILE OF WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE FARM, ETC }	21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
n 21 is ma			sow the deceased flive or above, (I) (we) (and) (alid no	ntol) ottended the deceosed from 12/30 19 ot) view the body ofter death.	0.0	nd that in (my) (our) opinion d			ond from the	Charles and the
NT: If Her			22b. SIGNATURE	estrula		ATTENDING PHYSICIAN	MEDICAL STAP	F IAN 1	22c. DATE 1/	2/81
1				OB PRINT)		22e ADDRESS				
IMPORTANT			Rudiger Bre	eitenecker, M.D		6701 N. Char	les St. To	wson,	Md 21	.204



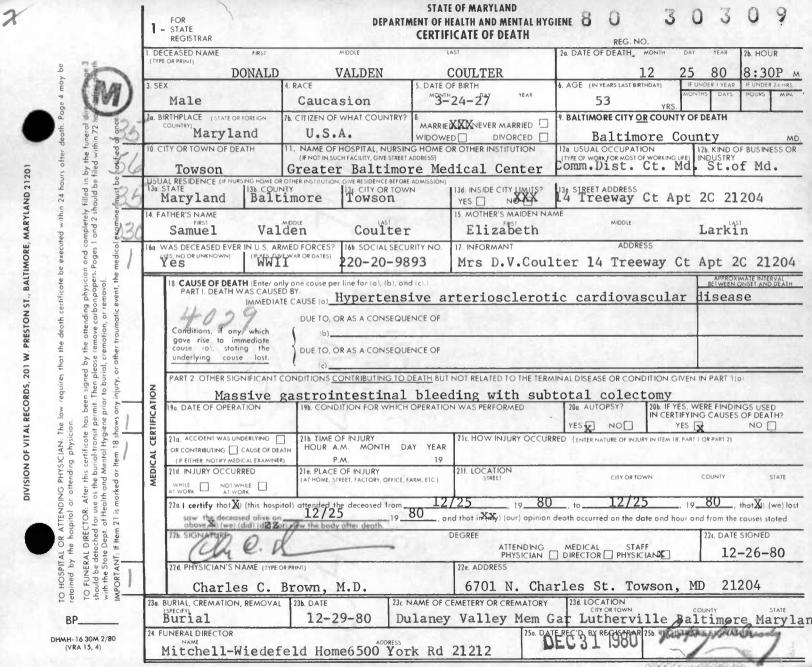
- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

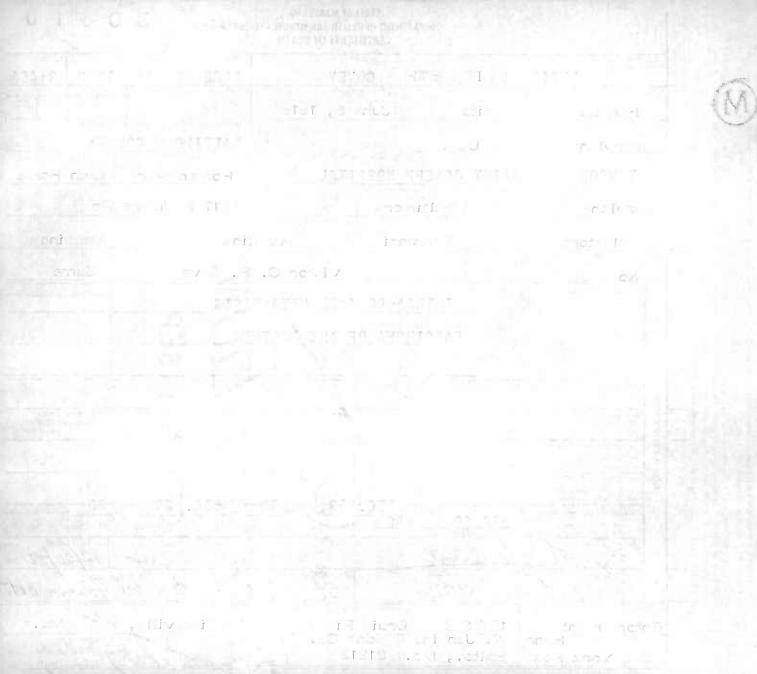
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Personal Property of the Control of 

X	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8-0	3 0	3 1 0	
70 ALCE -	1. DE	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR	
		LUCIA	ELIZ	ABETH	CC	VEY	DECEMBER	20, 19	80 3:45A	
(AA)	3. SE	X T	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER	IF UNDER 1 YEAR IF UNDER 24 HRS	
(141)		Female	White	9	June		64	YRS.	DAYS HOURS MIN	
Sont P		RTHPLACE (STATE OR FOREIGN DUNTRY)  Maryland	-	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF			
offitted	10 C	TOWSON		HOSPITAL, NURSIN THE FACILITY, GIVE STREET, JOSEPH	IG HOME OR OTHER INSTITUTION ADDRESS) HOSPITAL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homema	WORKING LIFE) IND	kind of Business or USTRY  What Home	
AND 212	13a S	ALRESIDENCE (IF NURSING HOREOR TABLE) OUN	OTHER INSTITUTION ITY	GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltimo	N	YES 🔀 NO	36 STREET ADDRESS 3717 Rex	mere Ro	ad	
MARYLL red within ond 2 sh ond 2 sh		Salvatore	AIDDLE	D'Anto		15. MOTHER'S MAIDEN NAMER FIRST Ange	lina MIDDLE		1essina	
MORE, e execut n ond cc Poges 1		VAS DECEASED EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
ALTIM te be e		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)				Victor C.	B. Covey		Same  APPROXIMATE INTERVAL TWEEN ONSET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours or otheraling physician.  The this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file th and Mental Hygiene prior to burial, cremation, or removal.  On the standard of the standard permit in the medical exphiner must befind or them 18 shows any injury, or other traumatic event, the medical exphiner must befind or them.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT C	DUE TO, O	R AS A CONSEQUE CARCING R AS A CONSEQUE DITRIBUTING TO E	MA O	F THE RECTU	M	DITION GIVEN IN P		
ALREGAL TAN TO THE TON THE T	LIFIC						YES NOT	IN CERTIFYING C	AUSES OF DEATH?	
SION OF VITA PHYSICIAN: The ending physicion this certificate the buriol-transit ad Mental Hygie dor Item 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURR	7		ART 2)	
VISION Trendir The bu	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOW	'N COU	NTY STATE	
TENDU pitol or TOR: A for use of Heol		220. I certify that th (this hospit saw the deceased alive an obove, (1) (we) (did) (did not 22b. SHOTATURE				nd that in (my+(our) opinion of	death accurred on the do		om the couses stated	
SPITAL OR AL A by the hosp NERAL DIREC be detoched the E Stote Dept of TANT: If them	(	X eguin	Mass	dea		ATTENDING PHYSICIAN	MEDICAL STAF	F	2/20/80	
TO HOSPITAL retorined by the TO FUNERAL should be deter with the Store		22d PHYSICIAN'S NAME (1798 OF	L. Go	arcia		5t. 103	seph Hos	pital, To	sween, M.	
	(	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE	
0903 BP		ntombment UNERAL DIRECTOR Henr	12/2			Ridge IS Co. 250. DATE	Pikesv		Md.	
DHMH - 16 50M 1/76 (VR A 15 (4))		905 York Road	9	ADDRESS	212		1000	Ritary	Melhody	



	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	3 0	3 1 1
		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
1	,,,,,	Charle	es Franklin	Creasy	December 7,	1980	12:04 <sub>a m</sub>
(Mar	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		DER I YEAR IF UNDER 24 HRS
14.		Male	White	04 27 1911	69	YRS.	AS DAYS HOURS MIN.
or once.		RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	7b. CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DOORCED	Baltimore city o		DEATH
Cotified	111	TY OR TOWN OF DEATH ROSSVILLE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. Franklin Squ	G HOME OR OTHER INSTITUTION ADDRESS) Are Hospital	12d USUAL OCCUPATION (1YPE OF WORK FOR MOST OF Superviso	WORKING LIFE) IN	Beth. Steel
Ser unst be	13a. 3 Ma	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY BAL		N 113d INSIDE CITY LIMITS?	13e. STREET ADDRESS 18 Henry		
130		William	MIDDLE Crea:	FIRST	MIDDLE		Mensch
medical	160. V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIN	E WAR OR DATES)	RITY NO. 17 INFORMANT 1569A Adaline M	ADDRE		ry Avenue
r, ar ather troumatic		Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE	coronary artery di		DITION GIVEN IN	N PART I IO
aws any injur	CERTIFICATION	19a date of operation	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?		RE FINDINGS USED GCAUSES OF DEATH? NO
frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	1.3.	
morked ar	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, F.	ARM, ETC.]	CITY OR TO	WN C	COUNTY STATE
ANT: If Item 21 is		saw the deceased alive or about the same and	R PRINT)	DEGREE ATTENDING PHYSICIAN  128. ADDRESS	MEDICAL STAF	te and hour and	
with the		FRANKT. KO	LSIK TR MD.	9000 Frank	lin Square D	rive 2	1237
¥	23a. E	BURIAL, CREMATION, REMOVAL Burial		nanuel Luth. Ce	23d. LOCATION CITY OR TOWN  Baltimo	re cou	STATE Md.
/B0	24. FI	UNERAL DIRECTOR	7401 2005	Prin Rd 250.	TERECOLY HOUAR	ZSI REGISTRA	SIGNATURE

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STATE OF MARYLAND

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SOUTH THE COMMENT OF STREET DESCRIPTIONS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

Ettinger Mrs Gordon C Butz 6829 Old Harford Rd 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) COUNTY STATE \_\_\_\_\_, and that in (my) (aur) apinion death accurred an the date and haur and Iram the causes stated 2926 E. Cold Spring Ln Baltimore, Md CITY OR TOWN STATE Moreland Nem Pk Baltimore, Maryland

2b. HOUR

12b. KIND OF BUSINESS OR

INDUSTRY

IF UNDER 24 HRS

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

REGISTRAR

24 FUNERAL DIRECTOR NAM Leonard J Ruck Inc. Baltimore, Maryland

12		1	500				OF MARYLAND		20 "	2 0 7	1 4
		1-	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENT	'AL HYGIENI 'H	REG. NO.	0 0 0	1 4
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		3 SE	(	4. RACE		S. DATE C		6. A	GE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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	1 20 h.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRI	IED 🗆 9. B	ALTIMORE CITY OR COUN		
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	oy the lied will be wi			(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		(TY	PE OF WORK FOR MOST OF WORKIN	GLIFE) INDUSTRY	
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LTI/	e be ers. P		18 CAUSE OF DEATH (Ente		212 34		Mrs. C	Jiga E	Arriy	Balto.,	MATE INTERVAL
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000	0 - 0 >	ATIO	19a DATE OF OPERATION		RUCT I VE		NDICE (G			YES, WERE FINDIN	IGS USED
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PHY: rtendii rthe bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ō			22s-1 certify that (I) (this has sow the deceased aliv	ospital) attended th	ne deceased from	1.5	2/17 19	80	to	, 19 80	that (I) (we) lost
17.5	Spirot Spirot For us of He		sow the deceased oliv above, (I) (we) (and) (ali	e on	ofter death.	30	id that in (my) (our)	opinion deat	h occurred on the date and	hour and from the	couses stoted
	OR AT ne hosp DIRECT Oched f Dept. o		226. SIGNATURE	ente. 1			DEGREE	IDING H	AEDICAL STAFF	22c. DATE	SIGNED
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	HOSPITAL inned by th FUNERAL wild be detail with State		22d PHYSICIAN'S NAME (	REITENT	ECKER		22e ADDRESS	HD.			
	Shaul with								o. County, N	Nd.	
			SURIAL, CREMATION, REMO				EMETERY OR CREM.	ATORY	23d. LOCATION CITY OR TOWN	COUNTY	Ad
	BP	24 FL	Burial  JNERAL DIRECTOR LIZ	en <b>r</b> y W.			wridge	25g. DATE RE	Howard Co.		VICE URE
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June 1, 1ET LET

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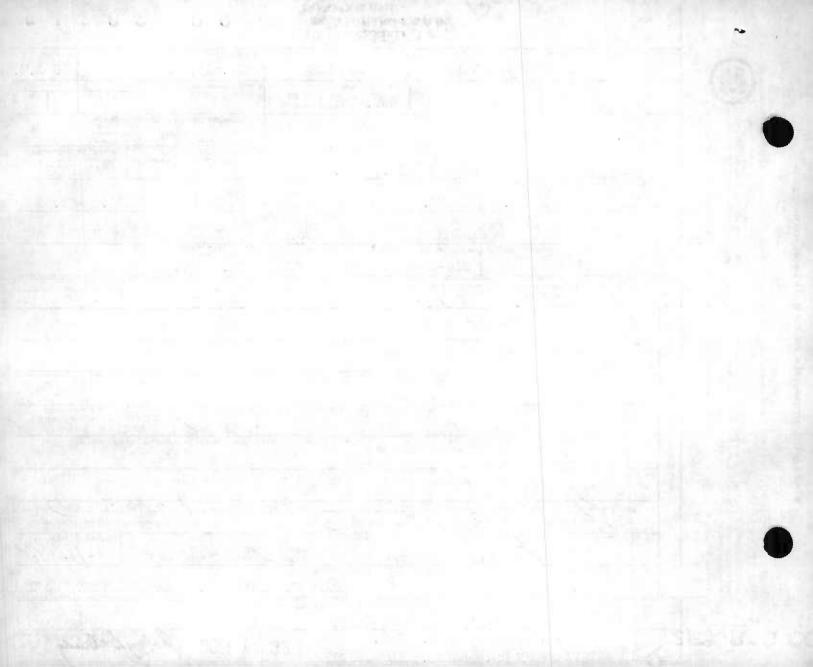
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Henry W. Jenkins Carone Co. 

,		1.	FOR STATE REGISTRAR			DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8	Q REG. NO	3	0 3	1 5
-	. 27		OR PRINT)	FIRST	WIDDLE		L	ST	117	FDEATH		YEAR	26 HOUR
o h	1			JEAN	SYLV	IA		CUMMINS	DEC.	16,	1980		5 A.N
age 4 ma	1	3 SE	FEMALE	•	WHITE		NOV.	10°, 1912°	6. AGE JINY	EARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
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uted with mpletely ind 2 sho	dical exar	14 FA	THER'S NAME FIRST HARRY	AIDI	GLAZ	ER	View	15 MOTHER'S MAIDEN NA FIRST SARAH		WIDDLE	, he	FÎÑ	,ı NN
e be exec an and co Pages 1 a	t, the me		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) NO	U.S. ARME IF YES, GIVE WA	R OR DATES)	8-46-		17 INFORMANT HA 4619 HORIZO	RRY LO			#21208	S MATE INTERVAL ONSET AND DEATH
he law requires that the des as been signed by the atten mit. Then please remove ca: prior to burial, cremeiton.	ows any injury, or other traumatic	CERTIFICATION	Canditions, if ony, gave rise to imme couse (a), stoting underlying cause  PART 2 OTHER SIGNIE	diote the last.	Cand	CONSEQUE	NCE OF	NOT RELATED TO THE TER/	MINAL DISEAS		20b. IF YES,	WERE FIND IN	NGS USED
N: T	S sh	E			1000				YES [	NO	YES		NO 🗌
ING PHYSICIA tending physicia After this certific the burial-transit	marked or Item 18	MEDICAL CE	216. ACCIDENT WAS UNDER OR CONTRIBUTING CAI JIF EITHER, NOT IFY MEDICAL 21d. IN JURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	USE OF DEATH EXAMINER)	21b. TIME OF INJUI HOUR A.M. M P.M. 21e PLACE OF INJU (AT HOME, STREET, FACT	ONTH DA	19	211 LOCATION STREET	RRED JENTER N	CITY OR TOW		COUNTY	STATE
AL OT ATTEND the hospital or att AL DIRECTOR: A tached for use as te Dept. of Health	T: If Item 21 is		220 I certify that (1) (1)	his hospital)	offended the deced			d that ((my) our) opinion EGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	FF	ond from the	
TO HOSPITAL retained by the TO FUNERAL I should be detact with the State D	IMPORTAN		22d. PHYSICIAN'S NAM	NE ITYPE OR PR	IIIII IIII	1	70	274 ADDRESS 5310 OLD				LLSTOW	N, MD 2
BP	×1	'	BURIAL, CREMATION, RESPECIFY) BURIAL		23b. DATE 12/17/80		AITZ (	METERY OR CREMATORY CHAIM	BA	LT IMO	RE	оинтуМ/	STATE ARYLAND
DHMH-16 (VRA 15, 4		24 F	INERAL DIRECTOR S		VINSON & E	BROS.,	INC.	21215 DEC	TE REC'D. BY	80	HA GAIR	hel	URE

BALTO, MD 21215

6010 REISTERSTOWN RD.

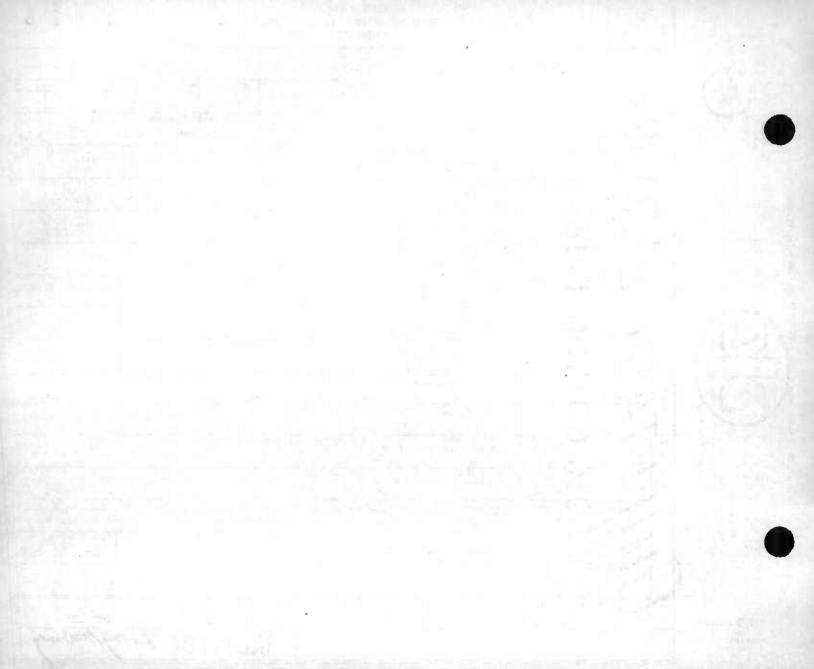


		FOR		STATE OF MARYLAND OF HEALTH AND MENTAL HYG	TIENE 8 0 3 0	1 3 1
	1-	STATE REGISTRAR		RTIFICATE OF DEATH	REG. NO.	
15		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26. HOUR
70	11.00	Richan	ed F. Curley Sr.		12-8-80	
	1 SE	Male		ATE OF BIRTH  MONTH 12-2-1899  FEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UI	NDER I YEAR IF UNDER 2.
1)	7a. BI	RTHPLACE (STATE OR FOREIGN Balto. Md.		ARRIED NEVER MARRIED DOWED TO DIVORCED	Baltimore County OF Baltimore County	
00	10. CI	Balto.	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS 409 ELMWOOD Rd.	OME OR OTHER INSTITUTION	12a USUAL OCCUPATION 1	176. KIND OF BUSINES
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<u> </u>	14 EA	THER'S NAME	Balto. Balto.	YES NO	ME TOY CAMBOOL TI	verme=2120
20	0	FIRST Varia C.	MIDDLE LAST	Floren	MIDDLE	LAST
640%	16a. W	AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY I		ADDRESS	Rd. 212
medico	{4	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 220-185-54	15 Mrs. Eleano	or F. Glorioso -791	4 Ridoelei
other troumotic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE	e asquetive	psead Desead	
ō	7		( (c) CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	IN PART 1(0)
ows ony injury, or of	TIFICATION		(c)CONDITIONS CONTRIBUTING TO DEATH		200 AUTOPSY? 206 IF YES, W	ERE FINDINGS USED G CAUSES OF DEAT
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	3 SE	Υ	Jeri	4. RACE	Stepher	1 5. DATE (	Daly	4 AGE	DEC. I	.5, 198	UNDER 1 YEAR	6:30a M
	3 36	Male		Whit	е .	MONT		e. AGE	, THE TEARS CAST BIR		NIHS DAYS	HOURS MIN.
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5	13a S M	al residence (if nurs) STATE aryland	NG HOME	SA INSTITUTION	GIVE RESIDENCE BEFORE BALTIMOT		134 INSIDE CITY LIMITS?	13e. ST	8702 Fow	ler Av	e. 21	234
30	14. FA	Stephen	Α.	MIDDLE	Daly LAST		15. MOTHER'S MAIDEN N Karen	NAME	MODIE .		Med	liary
	16a V	WAS DECEASED EVER I		MED FORCES?	16b. SOCIAL SECU none	IRITY NO.	St. Jos	seph :	ADDRE Hospital			
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		Reynaldo			ez, MD.		7620 York	k Rd.	Towson	, Md.	21204	
	1	BURIAL, CREMATION, F (SPECIFY) Leased to				NAME OF C		1	LOCATION CITY OF TOWN BAltimor		Mary1	and STATE
		UNERAL DIRECTOR S't". Josep			7620°Yor	k Rd.	25a. D.	DEC.	2 9 1980	25b. REDISTR	y Me	Bury



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	PLEASE DIFECTOR FILES HOURS STREET	1	ALE	4. RACE white	5. DATE OF BIRTH MONTH DAY March 31	VEAR LAST BIRTH	MONT	HS DAYS HOURS	R 24 HRS. 2c. [ MIN. PRON	DATE SUNCED DEAD OCE	MONTH DA	YEAR 4 19 80	M. HOUR
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-	を存む		ity or town		USA	ITAL, NURSING HOM	WIDOW			LTIMORE			MD.
	ELAY IS TO THE PAGE S. 301		- TOV	NOON	ST. JUS	SEPH HOST	PITAL	L.	FOR MOST O	CCUPATION (TYPE OF FWORKING LIFE)  memaker		KIND OF BU OR INDUSTR	
	F ANY DELA AND 3 TO SHOULD BE RECORDS.	13a. S	TATE TYPLAND	13b. COUNT		RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN TOWSON	(NO)	13d. INSIDE CITY LIMITS?		DDRESS N. Charle	es St.	Ave.	at will
			ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID		MIDDLE		LAST	
	DEATH PA		Hari	ry ·	MIDDLE	Leonard		Isal		WIDDLE	Mo	orgenr	oth
	0 ~ 1 8	16a. \	WAS DECEASED	DEVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECURI		17. INFORMANT		ADDRESS			
	BALTIMORE, URS AFTER DE 3. GIVE PAGE: WITH FORM PAGES 1 AN DIVISION OF	r	10			214-03-0	780	Gulius D'	Ambrogi	507 N.Cl	narles	St. Av	е.
	1 W. PRESTON ST.,  TED WITHIN 24 HOUPENCIL IN ITEM 18  XAMINER ALONG VALTRANSIT PERMIT.  ALTRANSIT PERMIT.  R. REMOVAL.	118	PARTIDE  Canditian gave ris	ATH WAS CAUSED  IMMEDIAT  ans, if any, which is to immediate stating the under-	DUE TO, OR A	S A CONSEQUENCE	0/6	refer.	Rea	Faelu	- B	approximate etween onset	AND DEATH
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	TAL REC CHIEF M CHIEF M OF HEAL CREA	CERTIFICATION	19a DATE OF	GRATION S	19b. CONDITIO	ON FOR WHICH OPE	RATION W	/AS PERFORMED?	,		20	AUTOPSY?	
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	PIVISI E, WRITING RWARDED PAGE 3 SI STATE DEPL	ME	WHILE AT WORK	NOT WHILE AT WORK	STREET/FALTO	RY, FARM, ETC.) HE		DS/ar Dr	Med B	lag low	SOM 4	Bato	Me
	CAMINER: ERTIFICATE D. BE FOR WITH THE S RYLAND 2		death resulte	fy that I took charge ed fram: Nature	e af the remains descr al causes		Autap vicide	Hamicide .	Undetermine		in my opinior	/	,
	CAL E		SIGNATURE	Mas	Cest and	anelle	D M	o Depui	MEDICALI	XAMINER	SIGNED_	7241	80
	TO MEDICAL EXECUTE THE CIPAGE A SHOUL TO FUNERAL DAFTER DEATH, V BALTIMORE, MA	100	EXAMINER'S (TYPE OR PRIN	NAME Dr.	Charles F	.0'Donnell		ADDRESS 7	561 York	Road			
	PAC PAC BAL	23a.B	URIAL, CREMA	TION, REMOVAL 23		23c. NAME OF CE			23d. LOCATION	ON 'N	COUNTY	\$T	ATE
	BP		urial UNERAL DIREC	TOP	Dec. 27,19	84 Dulaney	Vall	ley Mem.Gro	REC'D. BY REGI	eysville		Co. M	d.
	DHMH - 17 (VR A15 ME (5))		NAME		ADDRESS	00 17 1 7	1 2	0	EC311	980   7	phym	W.C. Estand	7
	15M 7/77	IAI.	rcuell	-wiedeiel	a Home 65	00 York Ro	ad Ra	al.Md.			1	-	

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e timper	Jeleyi	DTHTOON.	lanev
	A Isometrical Construction	E 0847 - 07 - A 49 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	еп

	1.	FOR STATE REGISTRAR	DEPAR		IEALTH AND MENTAL HYG	IENE Ö Ü	<b>.</b>	0 3	20			
	I. DE	CEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH		YEAR	26 HOUR			
	City	RUTE	$\mathcal{B}$	D	ARK	December 4	1, 1980		5:15a M			
1	3 SE	X	4 RACE	5 DATE C		& AGE (IN YEARS LAST BIRT		DER I YEAR	IF UNDER 24 HRS			
)		F	w	MONTH 1 2	-/30/16 YEAR	63	YRS.	HS DAYS	HOURS MIN			
20		IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	_	DEATH				
10		PENN.	USA	WIDOWE	DI DIORCED	Baltimore	County		MD			
57		USSVILLE	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATI	FWORKING LIFE) IN	NDUSTRY	F BUSINESS OR			
E C	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)			/	+114 6	RAFT			
35	130	MP. 136 COL	PALTO ESSI		13d. INSIDE CITY LIMITS?	235 W	MARL	tor				
15	14 F/	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM			LAST	,			
131		FRANK	BORING		GERTRUDA		UNK					
	160 \	VAS DECEASED EVER IN U.S. A	WE WAR OR DATEST		17 INFORMANT	ADDRE						
		NO	21320	0658	JAMES 1	R. PARK	AB	SOUL	5			
			anly ane cause per line far (a), (b),					BETWEEN O	MATE INTERVAL			
		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) Cardio-p	ulmona:	ry Arrest							
		4920	DUE TO, OR AS A CONSEC									
		Conditions, if any, which	Exacerba	tion o	f Chronic Obst	tructive Pu	lmonary					
		gave rise to immediate cause (a), stating the				Disease						
		underlying cause last	DUE TO, OR AS A CONSEQUENCE OF									
	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	N PART I/o	1			
	Z		arv Fibrosis									
_	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h. IF YES, WE	RE FINDIN	GS USED			
2	표					YES NO	IN CERTIFYING		OF DEATH?			
5	1	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR							
4		OR CONTRIBUTING CAUSE OF D	CAIN	DAY YEAR								
-	MEDICAL	(# EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21a PLACE OF INJURY	19	21f LOCATION		<del></del>					
	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITY OR TOV	VN C	YINUO	STATE			
2		22a Leartify that (1) (this Was	pital) attended the deceased from	Novem	ber 30 19 80	Decembe	er 4_19_	80	that (I) (500) last			
		saw the deceased alive a	n <u>December 4</u> 19 at) view the body after death.		nd that in (my) (a)(r) apinian a	death occurred an the d	ate and haur and	d fram the c	auses stated			
		22h SIGNATURE	di vier ille blog diller gedin.		DEGREE			22c. DATE	SIGNED,			
			1 banker	uno	ATTENDING PHYSICIAN	MEDICAL STATE	FF	12	14/80			
	1	224. PHYSICIAN'S NAME ITYPE	OR PRINT!		22 ADDRESS	June Com Com		14	111-			
1		N. Gai	ihar l		5400 Old Cou	irt Road 21	133					
	23a	BURIAL, CREMATION, REMOVA		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		NTW .	STATE			
		BURIAL	12/8/80	40664	HILL	BALTO	COUN	D.	SIAIE			
	24 F	UNERAL DIRECTOR	ADDRESS			REC'D. BY REGISTRAR	25h REGUMAN	\$3579N	Berooks			
/79	17	- G. CONNE	ILLY ZOOV	MACE		DEC 10 1980	1	1	mater .			

83/04 7 3/10 7 31 EARLY MIN SELL OF THE SELL OF F 1632 711-1 The part of the pa STELL OF DIMES A CHEK HOLDS TO KIND THE REAL PART STATE OF THE PARTY OF 一 さんだいいき こうかんしん あして

marked or Item 18 sho

IMPORTANT: If He

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO			
	CEASED NAME	FIRST		WIOOFE	l	AST			FDEATH		DAY YEAR	2b. HOUR
		Anna	J.	Marie		DAVIS		Decem	ber 10	), 19	80	9:45am
3 SE	Х		4 RACE		5. DATE C			6. AGE (IN)	YEARS LAST BIRT	HDAY)	MONTHS DAYS	
	Fem.		Ca	u.	7	4	09		71	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.			9. BALTIMO	RE CITY O		Y OF DEATH	
	COUNTRY)	a	II S	2)	WIDOWE		MARRIED	Balt	imore	Coun	ty	M
10. C	ITY OR TOWN O		11. NAME OF	HOSPITAL, NURSIN	IG HOME C				OCCUPATR			OF BUSINESS OR
B	alto.			th FACILITY, GIVE STREET  Lin Squa		Joen			emake		FE) INDUSTRY	4.5
-USU	AL RESIDENCE (		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E AOMISSION)					:1.		
	Md.	13P COUN	TY	Balto		YES X	NO	13e STREET 5211		b Mo	rr. 2	1206
_	ATHER'S NAME			Dalto	•		R'S MAIDEN NA		Staa	D IE	L.L. 2.	1200
	FIRST		AIDDLE	LAST			FIRST		MIDDLE		LA	45T
16a V	Willi WAS DECEASED			Kestler Tibb social secu	IDITY NO	17. INFORM	atherin	ne	ADDRE	\$5	Su.	llivan
	YES, NO OR UNKNOW		WAR OR DATES)	31								
	no			220-22-	-8/6/	Eve.	lyn M.	Mage	e 58	31 (	edonia	
	18. CAUSE OF E	DEATH (Enter onl TH WAS CAUSE)	y one couse per	line for (a), (b), on	_						BETWEEN	XIMATE INTERVAL
	1100		E CAUSE (o)	Cardio-p	ulmon	ary Ar	rest	0.00				
	408	0	DUE TO, O	R AS A CONSEQUE							To provide	
	Conditions, if		(b)_	Pneumoni	.a							
	couse (o),	stoting the	DUE TO, O	R AS A CONSEQUE								
	underlying	couse lost.	( (c)_	Congesti	ve He	art Fa	ilure					
,	PART 2. OTHER	SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEAS	E OR CONE	DITION GIV	VEN IN PART 1	(0)
CERTIFICATION												
OA	19a. DATE OF OI	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTO	OPSY?	10b. IF YE IN CERTI	S, WERE FINDI FYING CAUSE:	NGS USED S OF DEATH?
E E								YES 🗌	NOX		ES 🗌	NO 🗌
	216. ACCIDENT W	AS UNDERLYING CAUSE OF DEA	21b. TIME C		AY YEAR	21c. HOW	NJURY OCCUR	RED (ENTER NA	ATURE OF INJUR	Y IN ITEM 18.	PART 1 OR PART 2)	
MEDICAL		MEDICAL EXAMINER		м.	19							
9	21d INJURY OC	CURRED	21e. PLACE	OF INJURY	ARM ETC.)	211 LOCAT			CITY OR TO	WN	COUNTY	STATE
2	AT WORK	AT WORK	(Antione, St	activities of the control of the con	ANN, ETC.)							
	220 I certify the	at <b>X</b> ) (this hospit	ol) ottended th	e deceased from	Decem	ber 9		, <sub>to</sub> _ <u>De</u>	cembe:	r 10	19_80	, that (IXwe) las
	sow the de	ceosed alive on, we) (did) (di	December	otter depth 19_	80, or	nd that in (a	(our) opinion	death occurre	ed on the do	te and ha	ur and from the	e couses stated
	22b. SIGNATUR		0	01	_	DEGREE			•		22c. DATI	E SIGNED
	1/1	) Illian	2/1	Derlo		MP	PHYSICIAN [	MEDICAL DIRECTOR	STAF PHYSIC		12/1	LO/80
1	22d. PHYSICIAN	S NAME (TYPE OF	PRINT		11 115	22e ADDRE				,7~		,
	Willia	m A. Boo	de M D			9000	Frankli	n Saus	re Dr	. Ra	Ito N	Md.,2123
-	1111110	III 111 DOC	AC, 111.10	•		10000	~ - minit	Dydd		,	, 1	, 2120

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

CEMETERY OR CREMATORY

Redeemer

Holy

23d LOCATION
CITY OR TOWN
Balto.

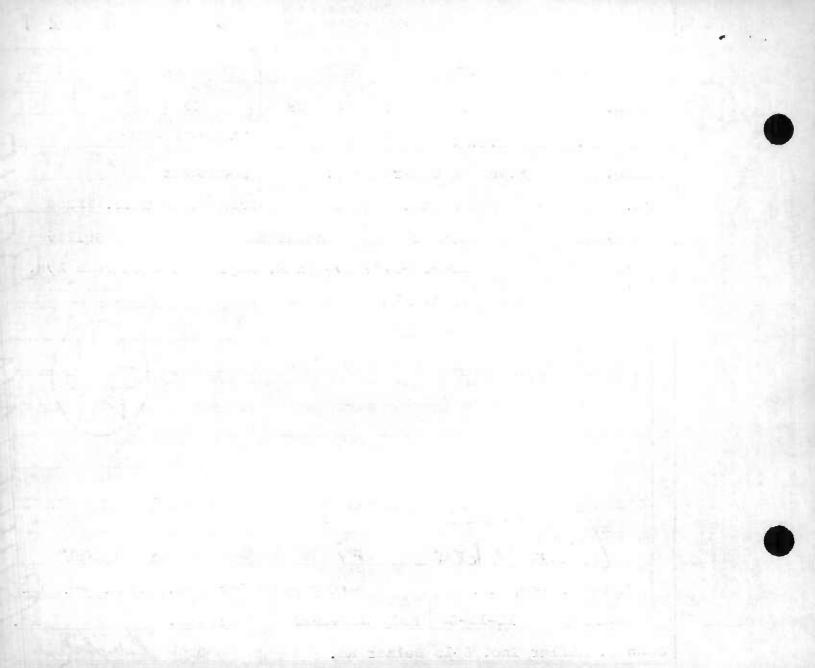
Md. COUNTY

Burial

John C. Miller Inc. 6415 Belair Rd.

12-13-80

BY REGISTRAR 256. REGISTRAR'S SIGNATUR



Howard K. McComas III, Abingdon. Md.

- STATE

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2g. DATE OF DEATH 1980 6:55pm 25, IF UNDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR Truck Driver SERV. Co.

Bradford

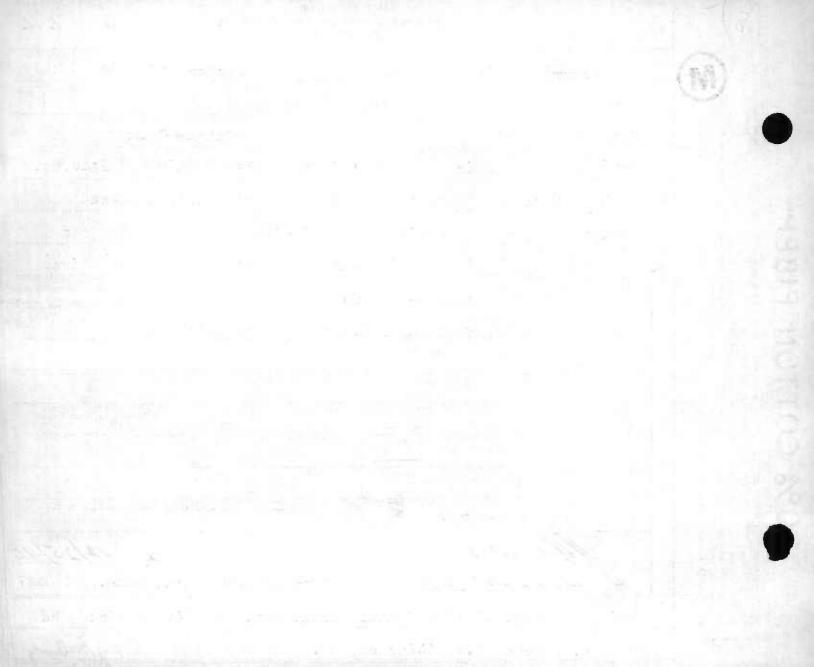
YES T

250. DATE REC'D. BY REGISTRAR 25b. REGISTPAR'S SIGNATURE

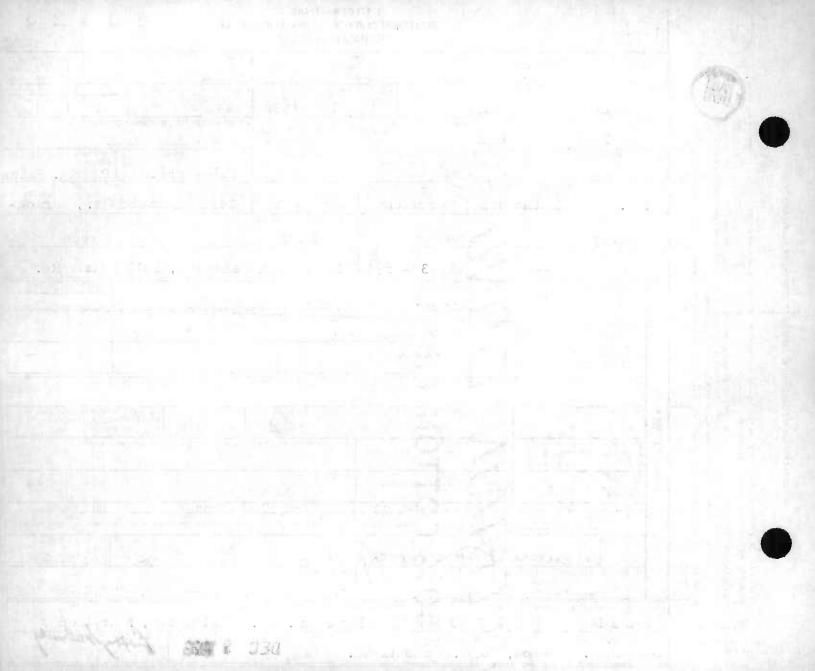
COUNTY

22c. DATE SIGNED

STATE



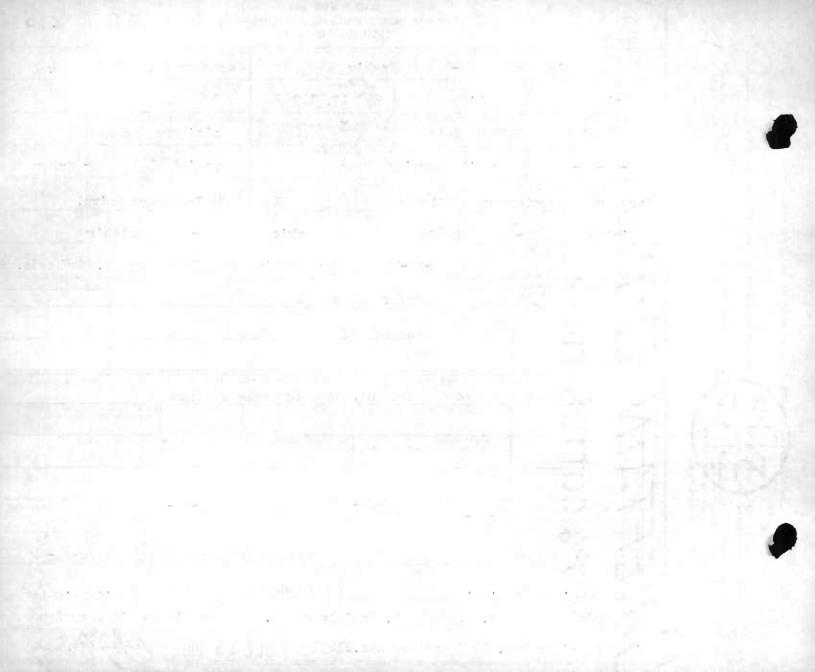
(b)	1	FOR - STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT	AL HYGIE	INE 8 0	3	0 3	2 3
		ECEASED NAME E OR PRINT)	Sondra		Marion		AST	17.			DAY YEAR	26 HOUR A
à A	3. SE	X	Sandr	RACE	qarion_	De DATE C		6	December 8		1980 IF UNDER LYEAR	IF UNDER 24 HRS.
A Ban		Female		White	,	MONTH	DAY Y	936	44	- 7	MONTHS DAYS	HOURS MIN
- P		SIRTHPLACE (STATE OR F	FOREIGN 7		WHAT COUNTRY	2 8			BALTIMORE CITY OF	YRS.	OFDEATH	
n 72 n 72	7 :	New York		USA		WIDOWE	DEVER MARRI		Dola imana		Anna	MD
within within	10 C	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	ON I	Baltimore 12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF	ON	12b. KIND C	F BUSINESS OR
308		Towson		St. J	loseph Ho	spital			Salesper			ig. Sales
age of the second	13a.	AL RESIDENCE (IF NUR STATE Md.	13b COUNT	THER INSTITUTION	136 CITY OR TON	RE ADMISSION)	13d INSIDECITY LIV		3e STREET ADDRESS 2422 Che	twoo	d Cr.,	ium Timon-
3(	14 F.	ATHER'S NAME FIRST Harry	мі	Pa	senker		15. MOTHER'S MAIL FIRST Len		E MIDDLE	n K	Gree	n
-	160	WAS DECEASED EVER		ED FORCES?	16b SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRES	SS	0200	
medical		(YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	218-32-	2591	Miss L	eah I	Pasenker,	3212	Belair	Rd.
ta burial, cremation, or remaval injury, or ather troumatic event, the	NO	Conditions, if ony gove rise to im couse (a), stati underlying couse	which mediate ng the lost.	DUE TO, O  (b) (c) (c)	or as a conseou Chronic m or as a conseou	UENCE OF  YOCATO			val disease or cond	DITION GIV	EN IN PART 10	01
aws any	CERTIFICATION	198 DATE OF OPERA	NOIT	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	
Arrer fins certificate on the burial-transit of the and Mental Hygin morked or them 18 sh	MEDICAL CER	21d. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MEDK 21d. INJURY OCCUR WHILE NOT WAT WORK	CAUSE OF DEATH CALEXAMINER)	P. 21e PLACE	OF INJURY  .M. MONTH [  .M.  OF INJURY  REET, FACTORY, OFFICE,	19	21f LOCATION STREET		D (ENTER NATURE OF INJUR'		COUNTY	STATE
DIRECTOR: tached far us a Dept. af He If Hem 21 is		22a I certify that (F sow the decease obove, (Fxwe) ( 22b. SIGNALUAE)	sed alive on_	Dec 8	19	<u>80</u> , or			, to Dec 8  poth occurred on the do  MEDICAL STAF DIRECTOR PHYSIC	F /	r and from the	
d be St.		22d. PHYSICIAN'S N	ice B.		ng. M.D.	0	22e. ADDRESS 7620 You		Resident		21204	, 2,00
shouls with 1	23a.	BURIAL, CREMATION (SPECIFY)		23b. DATE		NAME OF C	EMETERY OR CREM		23d LOCATION	11/1	21207	
	C	remation	()	12/9/	/80 V	Vestvi	ew Mem.	Pk.	Baltimo	re, M	larylar	nd STATE
16 50M 1/76	24.8	UNERAL DIRECTOR	2 /	Dollar.	W Pado				REC'D BY REGISTRAR			



5	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & U & U & U & U & U & U & U & U & U &	
thoop	CASED NAME FRST MIDDLE LAST DEHOFF 12 13 80 3:30	AM
(h)	F S. DATE OF BIRTH  MINO 13 1898 82  VRS. 1F UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS AND HOUR	HRS MIN.
M	RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE COUNTY	MD
Solded on the for	TY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  WSON, MD. GBMC-6701 N. CHARLES ST.  IZE. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  HOUSEWIFE	
hauld be f	AL RESIDENCE (IF NURSING ) OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE  136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 136. STREET ADDRESS 136. STREET ADDRESS 136. STREET ADDRESS 137. STREET ADDRESS 138. STREET ADDRESS 138. STREET ADDRESS 138. STREET ADDRESS 139. STREET	
Oceanine Samine	THER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST  LIliam E. Dailey Anne Elizabeth Snyder	
s. Pages	(AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Parkersburg, 1 (IF YES, GIVE WAR OR DATES) 220 44 8968 George R. DeHoff, 107 Tanglewood Road	
ding physiciar arbanpapers. ar removal. stic event, the	18 CAUSE OF DEATH (Enter only one cause per line for (a),,(b), and (c),  PART I. DEATH WAS CAUSED BY:  CARDIO-RESPIRATORY FAILURE VS.  IMMEDIATE CAUSE (a)  DUE TO OR AS A CONSEQUENCE OF  METASTASIS	ATH
by the atten ase remaye c , cremation, ather traumo	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF MIXED MESODERMAL TUMOR OF UTERUS  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	
n signed Then plea to burio injury, or	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01	
t permit.	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO	,
burial-transit Mental Hygie ar Item 18 sha	21a. ACCIDENT WAS UNDERLYING AUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICALEXAMINER)  71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19	
s the bur and Me rked or H	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN COUNTY STAT	TE 3
CTOR: Af I for use a . of Health	220.1 certify that (I) (this haspital) alreaded to deceased from 12-5 , 30 80 , to 12-13 , 19 80 , that (I) (Xe saw the deceased of the saw the saw the deceased of the saw the saw the deceased of the saw th	) last
y the hadeland detached tote Dept tote Dept VI. If Item	226. SIGNATURE  MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/13/80	
retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If	PAUL H. THACH, MD   CHARLES ST.	
8 8	URIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE PROPERTY Priesville, Balto Co., Md.	re
6 30M 2/80 \ 15, 4)	INERAL DIRECTOR  Burgee Funeral Home, Baltimore, Maryland  255. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE  DEC 15 1980	

F W 10 73 100 2 RALTIVORE TOUTY  The control of the control of and control of the				
PARTITIONS OF THE STATE ST. INCREMENTS  That a. sing — language — Osol malons Average  That a. sing — language — Osol malons Average  That a. sing — Osol malons of mark that are single of the cold state of the	0.7. 7. 3. 3. 3.	ha hroning	LINE DATE	
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Ary   27	ALIMON SOOMITIVE	X X	K 0 E	
12 for a. miner limber of the second of the	olimoassa		riforti-timen	pi mann
20 10 10 10 10 10 10 10 10 10 10 10 10 10	OFFICE MILLS INTO	YEAR Brown		ere vas
17/13/ 2011 11. T1 01, NO BMO- CM1 1. CM 155 ST.	Die Germann 101 'inser and.	4 5 100 5000	4 (3)	e valette
PAUL H. TLOI, NO CBMC- ETNI N. CMC195 ST.	x = 03 - 21-110	¥ 2-21	87-31	
-Entiel	13/21/21			
	I H. CHITLES ST. H. AND IN	773 -SAI87		. IS A SACRET
cores runers mans, estilates, la yund discontinues estilates				

December 12, 1980   December 13, 1980   Dece	/ 1	STATE OF MARYLAND  FOR  STATE STATE STATE CERTIFICATE OF DEATH	3 (	3 ;	2 5
Male  White  May  17. SAA  Male  White  May  17. SARCE PARTICION OF UND A CHIZEN OF WHAT COUNTRY  IN MARRIED  ARRED MARRIED  NEVER MARRIED  NEVER MARRIED  NORGED  Baltimore County  WDOWNED  NORGED  Baltimore County  IN ARRED MARRIED  Baltimore County  IN INDUSTRY  INDUSTRY  IN INTERIOR OF BUSIN  INDUSTRY  IN INTERIOR OF BUSIN  INDUSTRY  IN INTERIOR OF BUSIN  INDUSTRY  IN ARRED MARRIED  Baltimore County  IN INTERIOR OF BUSIN  INDUSTRY  IN INTERIOR OF BUSIN  INTERIOR OF BUSIN  INDUSTRY  IN INTERIOR OF BUSIN  INDUSTRY  IN INTERIOR OF BUSIN  INDUSTRY  IN INTERIOR OF BUSIN  INTERIOR OF BUSIN  INDUSTRY  IN INTERIOR OF BUSIN  INDUSTRY  IN INTERIOR OF BUSIN  INDUSTRY  IN INTERIOR OF BUSIN  INTERIOR OF BUSIN  IN INTERIOR OF BUSIN  INTERIOR OF BUSIN  IN INTERIOR OF BU		I. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF D	DEATH MONTH DAY		7b. HOUR
Male  Male  Male  Male  Male  Marine  Marker Disparation  Marker D	de o de	Nicholas - Demkiw Decemb			
Baltimore County   Baltimore C	All 3.1	Male White May 17, Nav 1890 90	YRS.	INTHS DAYS	IF UNDER 24 HRS
B. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NUSSING HOME OR OTHER INSTITUTION   12. USUAL OCCUPATION   INDUSTRY	10.	BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY?   MARRIED WINEVER MARRIED   Baltimore   Balt			MD.
BUSIAN RESIDENCE   FAMILIAN NAME   SOUTH   STATE   STREET ADDRESS   9900 Inglemere Drive,   13	D .	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 120 USUAL OF	CCUPATION OF MOST OF WORKING (IFE)	126. KIND OF INDUSTRY	
FATHER'S NAME   Mode   Demkiw   Isast   Marrie   Datchiew   Marrie   Datchiew   Marrie   Datchiew   Marrie   Datchiew   Datchiew   Demkiw   Marrie   Datchiew   Datchiew   Demkiw   Demkiw   Demkiw   Demkiw   Section   Demkiw   Demkiw   Section   Demkiw   Demkiw   Section   Demkiw   Demkiw   Section   Demkiw   Section   Demkiw   Demkiw   Section   Demkiw   Demkiw   Section   Demkiw   Demkiw   Section   Demkiw   Demkiw   Section   Demkiw   Demki	3 JUS	136. STATE 136 COUNTY 136. CITY OR TOWN 138 INSIDE CITY LIMITS? 13e STREET AD	odress inglemere D	rive.	
186 WAS DECEASED EVER IN U.S. ARMED FORCES?   146 SOCIAL SECURITY NO.   17 NFORMANT   ADDRESS   17 NFORMANT   ADDRESS   17 NFORMANT   ADDRESS   18 NFORMANT   ADDRESS   18 NFORMANT   ADDRESS   18 NFORMANT   ADDRESS   ADDRESS   18 NFORMANT   ADDRESS   ADDR	in 14	4 FATHER'S NAME FIRST MIDDLE LAST FIRST	MIDDLE	LAST	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ito.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ito.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ito.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ito.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CO		60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS		hesda, Mc
196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY? 210. ACCIDENT WAS UNDERLYING DORONG CONTRIBUTING CAUSES OF DEA YES NO YES N	to burny,	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (C)		N IN PART 1(0)	
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING COUNTY  OR COUNTY  OR CONTRIBUTING COUNTY  OR COUNTY  OR CONTRIBUTING COUNTY  OR CONTRIBUTING COUNTY  OR COUNTY  OR COUNTY  OR CONTRIBUTING COUNTY  OR COUNT	ene prio	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOP	20b. IF YES, V	ING CAUSES O	SS USED OF DEATH?
WHILE AT WORK AT WORK AT WORK (I) (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  270 L certify that (I) (this hospital) attended the deceased from 2-20-19 (our ) opinion death occurred on the date and hour and from the causes so obove, (I) (we) (did) (did not) view the body ofter death.  272 L SIGNATURE  272 L PHYSICIAN'S NAME (TYPE OR PRINT)  272 L PHYSICIAN'S NAME (TYPE OR PRINT)  273 BURIAL, CREMATION, REMOVAL  274 Dec. 16, 1980 St. Stanislaus Cem.  275 Dames (SPECIFY) Burial  276 Date Signed  277 LOCATION  COUNTY  C	em 18 she		RE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)	
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   12-15-8    220. ADDRESS   12-15-8   220. ADDRESS   12-15-8   220. ADDRESS   12-15-8   220. ADDRESS   12-15-8   220. BURIAL, CREMATION, REMOVAL   1236 DATE   1236 NAME OF CEMETERY OR CREMATORY   1236 LOCATION   1236	MEDIC		CITY OR TOWN	COUNTY	STATE
PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRE	hem 21 is mo	obove, (I) (we) (did) (did not) view the body ofter deoth.  22b. SIGNATURE  PEGREE	on the date and hour o	and from the co	
Burial Dec.16, 1980 St. Stanislaus Cem. 138 Dec.16 Baltimore City, Marylan		220 PHYSICIAN'S NAME (TYPE OR PRINT)  220 PHYSICIAN'S NAME (TYPE OR PRINT)	PHYSICIAN [	A (	5-80
N. D. W. O. C. D. W. O. D. W. O. C. D. W. O. D. W. O. C. D. W. O.	23	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CONTROL CON	ION		land
23. FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901 Eastern Ave. 21231  DEC. 15 1980  APPRISS SIGNATURE DEC. 15 1980	73 24.	24. FUNERAL DIRECTOR 250. DATE REÇ'D, BY REC	GISTRAR 25b. RESSTRA		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Melvin Earl 4 RACE DATE OF BIRTH A AGE (IN YEARS | IF UNDER 1 YR 3 SEX IF UNDER 24 HRS DATE 65 VEC 15 PRONOUNCED Male White 19.8 DEAD 0 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX FOREIGN COUNTRY MD WIDOWED DIVORCED BE FILED, V 126. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK Reisterstown 211 Nicodemus Road Construction worker Constru USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3a. STATE 13c. CITY OR TOWN Reisterstown Nicodemus Road MD NOXX 18. GIVE PAGES 1, 2, 1, WITH FORM PM 3. IT. PAGES 1 AND 2 SH , DIVISION OF WITH R 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Melvin FIRST Ear 1 Demmitt, Sr. Viola Greenwood. L. Demmitt-c/o K. Mayer Lutherville, MD 21093 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) LUEYES GIVE WAR OR DATEST Yes WW II 219-03-4140 APPROXIMATE INTERVAL BETWEEN ONSEHAND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 301 PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 CERTIFICATION USED 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? O. BURIAL YES [ NO [ BE 3 SHOULD BE DEPARTMENT 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 2 CONTRIBUTING CAUSE OF DEATH P.M 21201 PRIOR 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY NOT WHILE PAGE STATE AT WORK AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Accident Suicide Homicide Undetermined manner death resulted from Natural causes DATE SIGNATURE SIGNED EXAMINER'S NAME TYPE OR PRINT 231. NAME OF CEMETERY OF CREMATORY
St. Pauls Evangelical 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY STATE Uniontown Burial Carroll MD BP Byers Funeral Directors, P. Mis DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 8728 Liberty Rd., Randallstown, MD 30M 7/73

Leonard J. Ruck Inc. Baltimore, Maryland

FOR

(VR A 15 (4))

And a cold broad printing the party of the p

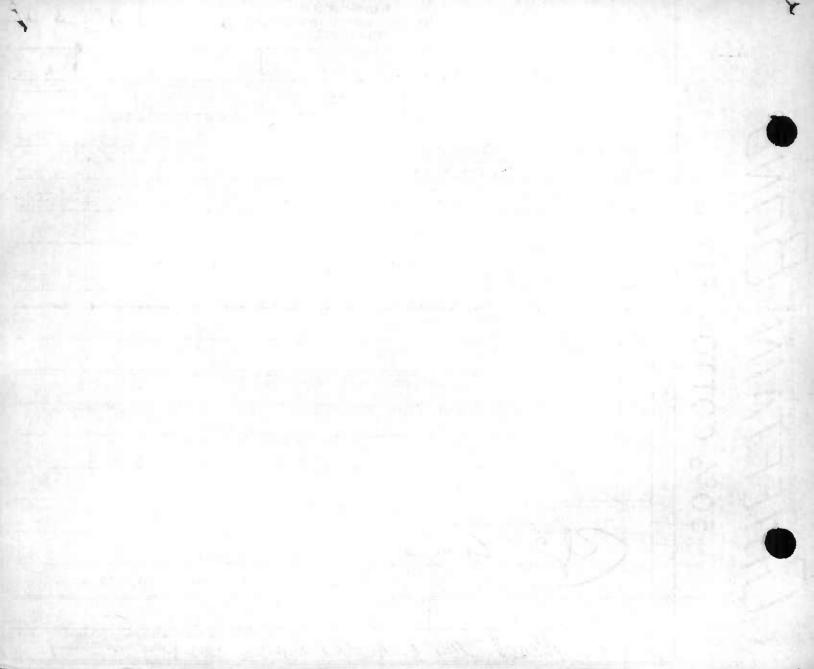
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Justing Maluster

	STATE REGISTRAR	DEI ARTI	CERTIFICATE OF DEATH	REG, NO.	
	EASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR
HIPEO	Ale	ssandro	DiPietre	Dec. 6,19	80 M
3. SEX	Male	4. RACE White	5. Date of Birth Dec. 3,1886	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	THPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COU	
7 COL	Italy	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto. Co.	MD
00	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR
	RESIDENCE (IF NURSING HOME	1125 Daniels		110,101	1
13a ST	Md. Bal	to. Catonsy	VILLE 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS Danie	ls Ave.
030	Fabio	DiPietro		Nicola	Tarantelle
16a WA	AS DECEASED EVER IN U.S. A 5, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 215 07	5145 Mrs. Adlin	5 Daniels Av a C.L. DiPiet	e. Balto. Md.
	Conditions, if any, which gove rise to immediate couse to stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	·P.	AND ALDISEASE OF CONDITION	CWEN IN DART V
N O	90 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO NO
- 91	OR CONTRIBUTING CAUSE OF D		AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
7	TIOL IN JURY OCCURRED  WHILE NOT WHILE IN WORK	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	sow the deceased alive a	pital) attended the deceased from 19	, and that in (my) (our) apinio	n death accurred on the date and	hour and from the causes stated
	obove, (I) (w/le) (did) (did	int) view the/body/offer death.			
	obove, (1) (ve) (did) (did) (2b. SIGNATURE South Robe	A Libats	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	224. DATE SIGNED 12/9/80
	Joseph Robe	ORPRINTI 18/18/28 TO, M.D.		MEDICAL STAFF DIRECTOR PHYSICIAN	
23a BU	126. SIGNATURE  DOLLAR PHYSICIAN'S NAME (TYPE  TOSEPH RIAL  CREMATION, REMOVA  ECIFY)	CRPRINT)  ORPRINT)  A/B/2/R TO, M.V.  AL 23b. DATE 23c.	ATTENDING PHYSICIAN  220 ADDRESS	23d LOCATION CITY OF TOWN	12/9/80 Lant, md 2/224

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				STATE OF MARYLAND		Mary Parket		
	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	3 (	1 5	5 0
)		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY	YEAR 26	HOUR
-	1	Ronald	1 Domingue	( Domingue)		12 20	80	2:00P
M)	3 SE	× M	4 RACE N	s. Date of Birth	6. AGE (IN YEARS LAST BIR	THDAY) IF UN		UNDER 24 HRS
1 200 P	7a. 8	RTHPLACE (STATE OR FOREIGN COUNTRY)  Louisiana	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	71101		MD.
Sk.	10. C	TOWSON		CHOME OR OTHER INSTITUTION	120 USUAL OCCUPATE TYPE OF WORK FOR MOST O	ON I	26. KIND OF BUNDUSTRY	-
must be	USU. 13a		OTHER INSTITUTION GIVE RESIDENCE BEFORE A	ADMISSION) 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 7038 MCC1e	ean Boul	Mary	land212 Balto:
300		OSEPH	MIDDLE Dominque	15. MOTHER'S MAIDEN NA	WE	Jone	LAST	
dical		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		ADDRE	SS		
Ē		YES NO OR UNKNOWN) (IF YES, GIV	439-08-	3702 Deborah I	Logeman 7	038 Mc	Clean	Blvd.
cremotion, or re ther traumotic e		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN		crhage			
r to bu	rion	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  CONDITIONS CONTRIBUTING TO DE	NCE OF  REATH BUT NOT RELATED TO THE TERM				
ws any injury	TIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)	NCE OF  REATH BUT NOT RELATED TO THE TERM		20b. IF YES, WI	ERE FINDINGS G CAUSES OF	USED DEATH?
entol Hygiene prior to butter 18 shows any injury	CAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  CONDITIONS CONTRIBUTING TO DE  19b. CONDITION FOR WHICH CO  21b. TIME OF INJURY HOUR A.M. MONTH DAY	NCE OF  EATH BUT NOT RELATED TO THE TERM  DPERATION WAS PERFORMED  Y YEAR  19	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFY INC	ERE FINDINGS G CAUSES OF	DEATH?
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oched for use as the burial-transit permit. Dept. of Health and Mental Hygiene prior If them 21 is marked or them 18 shows any if		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DELIVER NOTIFY MEDICAL EXAMINET AT WORK NOTIFY MEDICAL EXAMINET AT WORK NOTIFY THIS SOW the deceosed alive an above. ([Award of It]] (d. 1226. SIGNATURE	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  CONDITIONS CONTRIBUTING TO DE  19b. CONDITION FOR WHICH CO  21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR  ital) ottended the deceased from December 20 19 8  View the body office death.	NCE OF  NCE OF	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WE IN CERTIFY INC YES THE	ERE FINDINGS G CAUSES OF ORPART 2)	DEATH?
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STATE OF MARYLAND

12/06/80

CARDIO RESPINATORY ARREST

12/06 ED 11/11 ED 12/16 ED 20/21

NOBERT CAPITELLI SEMO

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

	1	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 0	303	3.
		CEASED NAME FIRST HUG	H DOWNS 3rd.	LAST	Dec. 21:	month day year st, 1980	25. HOUR 3: 53
	3 SE	x Male	White	5 DATE OF BIRTH Marin 4th, 1931	6. AGE JIN YEARS LAST BIRTI	HDAY   IF UNDER 1 YEAR	
75		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	Baltimore City O	R COUNTY OF DEATH  e County	
56	10 C	TOWSON	11. NAME OF HOSPITAL, NURSIN INF NOT IN SUCH FACILITY, GIVE STREET G.B.M.C.	IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Sales Rep.	ON 125 KIND	OF BUSINES
38	USU 13a	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  117  120.  131. CITY OR TOW  TOWSON	E ADMISSION) 136. INSIDE CITY LIMITS: YES NO	13. SIREET ADDRESS Spring	ngway Rd. 21	1204
30	14 F	Hugh Downs,	MPOLE LAST	Jean Lensk		u	AST
1	(	WAS DECEASED EVER IN U.S. AR			ADDRE Downs-7907		Rd. 21
9	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause iol, storing the underlying cause lost.  PART 2 OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONE	DITION GIVEN IN PART 1  206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
9	1	THE ACCIDENT WAS UNDERLING OR CONTRIBUTING CAUSE OF BEA	Committee Commit	AY YEAR	URRED (ENTER HATURE OF PHUR	YES 🗌	но 🗆
- (	MEDICAL	214 INJURY OCCURRED  WHILE IN NOT WHAT I	21e. PEACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	TH LOCATION	CITY OR TOW	н соинт	STAT
			wew the body after death.	DEGREE ATTENDING	on death occurred on the do	77t DATE	that (1) (with a course state E SIGNED
1	22	Mark Dug ar	1, M.D. DA	15 E. Bi	ddle Street		
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 23c. F	NAME OF CEMETERY OR CREMATOR	D. C. CITY ON TOWN	prisounty 11	STAT
M /79		uneral director tchell-Wiedefel	d Home-6500°°Ysork	Rd. 21212	DATE REC'D. BY REGISTRAR	25h. REGISTRAR'S SIGNA	TURE

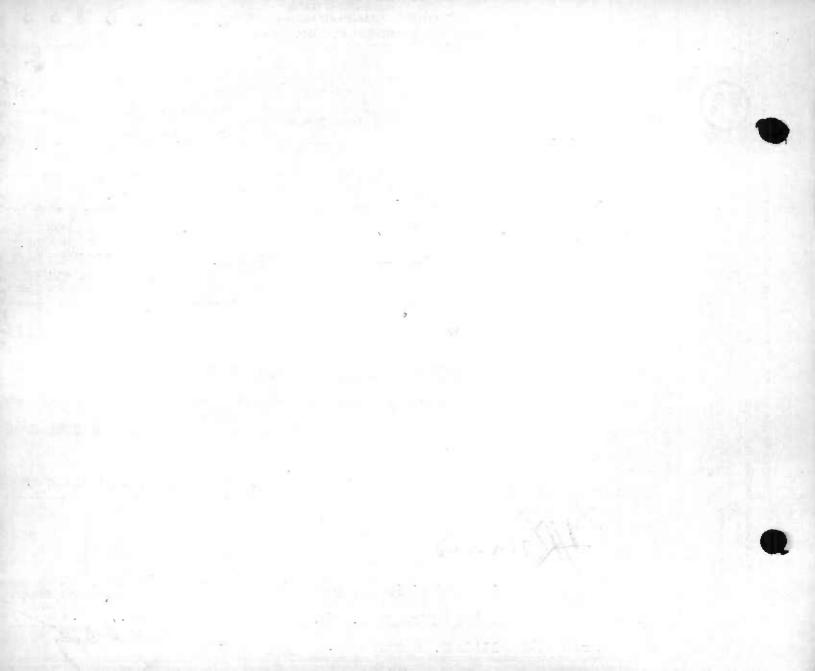
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	1 -	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE Ö Ü	0.	0 0	0 7
		EASED NAME FIRST	WIDDLE	i	AST	20 DATE OF DEATH	HTMOM	DAY YEAR	26. HOUR
ŧ.	TITPE	OR PRINT) Pauli	ne J	D	rayer		12	03 80	3:08AM
0	3. SE)		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
(max	F	`emale	White	11	10° 19°09	71	YRS	MONTHS DAYS	HOURS MIN.
VI	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUN	TY OF DEATH	
-01	-	farvland	USA	WIDOWE		Baltimor	e Co	unty	MD.
Pa		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME C		12a. USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
1	F	Rossville	(IF NOT IN SUCH FACILITY, GIVE STREET Franklin Squ		Hospital	Housewif			emaking
2 Steel	13a S	TATE 136 COU	NTY 13c CITY OR TOW Cimore White	N		13e STREET ADDRESS 6104 Eb	enez	er Road	d 2116
ne		THER'S NAME		THE ST	15. MOTHER'S MAIDEN NAM	ME	21013		
12/		Joseph	MIDDLE Winkl	er	Maria	E MIDDLE		Cos	ter
0		VAS DECEASED EVER IN U.S. AF		RITY NO.	17. INFORMANT	ADDRI	SS		
medico	()	ES, NO OR UNKNOWN) (IF YES, GIV	216-28-	6834	Joseph W. I	Drayer 6	104	Ebeneze	er Road
. Pe			nly one couse per line for (pr., (b), on					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
ent,		PART I. DEATH WAS CAUSE	D BY:	. //	J- HI			200	
ic ev		LLINO IMMEDIA	TE CHOSE (O)		1	1111-	- 0		
mot mot		Conditions if you which	DUE TO, OR AS A CONSEQUI	NCE OF	officer 8.00	(MIE)	010		
troi		Conditions, if any, which gove rise to immediate	(b)	7 151	7 Abrolowine	of her	Vm.		
ther		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF	5. C. Showly	4 E TIA			
0,0		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION	SIVEN IN PART 1(	0)
njury	Z	TAKT E. OTTER DIO THEATT							
à D	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FINDIN	
Sws	FIE					YES NO		YES [	NO [
8 sho	ER	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 1	B, PART 1 OR PART 2)	
E 9	-	OR CONTRIBUTING CAUSE OF DE	AIII	AY YEAR	The Designation of the Control of th				
è .	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION			COUNTY	STATE
pa	M.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	ARM, ETC.)	STREET	CITY OR TO	MN	COUNIT	STATE
mort		AT TORK	ital) ottended the deceased from_		. 19	, to		, 19	that (I) (we) lost
15.		sow the decensed plice of	10		nd that in (my) (our) opinion (	deoth occurred on the d	ate and h	our and from the	couses stoted
en 2		22b. SIGNATURE	ot) view the body ofter death.		DEGREE			22c. DATE	SIGNED
E De		5/		wes	ATTENDING	MEDICAL STA	FF	12	.6.50
State NA		22 d. PHYSICIAN'S NAME (TYPE	OR PRINT).		122- ADDRESS				
with the State			· LIROWI		223 64	storn ,	BLU	O BALZ	My
With Man	22.	BURIAL, CREMATION, REMOVA		NAME OF A	CEMETERY OR CREMATORY	23d. LOCATION		71221	
		SPECIFY)	1. 1. 10.			CITY OR TOWN	10	Baltim	ore Md.
		Burial UNERAL DIRECTOR	12/5/00 Pa	I.KMO	od Cemetery	E REC'D. BY REGISTRAR	256. REG	ISTRAR'S SIGNAT	TURE
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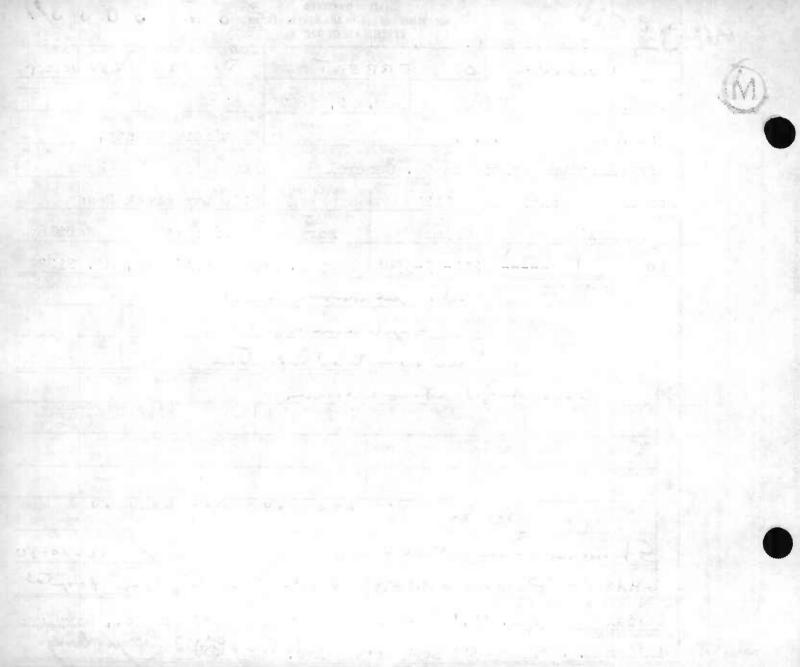
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO (TYPE OR PRINT) ESTI-ARTHUR LAFAYETTE DUNSTON III DEATH MATED 1980 4 RACE 7:55 P.M 5. DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 40 3 6 40 Male Black DEAD 1980 YRS Ta. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRYS USA N.C. WIDOWED DIVORCED Baltimore County DURS AFTER DEATH. IF ANY DELAY IS HE 18. GIVE PAGES 1, 2, AND 3 TO THE FU 3. WITH FORM PM 3. RETAIN PAGE 5 MIT. PAGES 1 AND 2 SHOULD BE FILED E. DIVISION OF WITA RECORDS, 201 W 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 3737 Offutt Road Randallstown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 373700ffutt Rd. Md. NO P 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Dunston, II Mary KMIDDLE Arthur Whiting 16h SOCIAL SECURITY NO. 7. INFORMANT ADDRESS 3737 Offutt 241-56-0480 Thomasine L. Dunston No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DED TO THE CHIEF MEDICAL EXAMINER ALCING WEB SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIPRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Gunshot Wound of Head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? YES XX NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) EXECUTE THE CERTIFICATE, WRITING THE W PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD I AFTER DÉATH, WITH THE STATE DEPARTMEN BALTIMORE, MARYLAND, 21201 PRIOR TO I HOUR XXX MONTH DAY UNDERLYING XXOR Found Shot MEDICAL ? P.M CONTRIBUTING CAUSE OF DEATH 19 21f LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)
House B737 EOffutt Rd., Randall'stown, Balt'imore, Md. STATE WHILE AT WORK 22a I certify that I taok charge of the remains described above, held on Autopsy and in my opinian Hamicide Undetermined manner TITLE (SPECIFY) 12/8/80 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street, Baltimore, Md. Hormez R. Guard, M.D. 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY Baltimore Co., Md. Burial King Mem. Pk. BP. 250. DATE REC'D. BY REGISTRAR 250 EG/STRAR'S SIGN. TURE 24 FUNERAL DIRECTOR **DHMH-17** 1101 E. North Ave. Wm C March F/H (VR A15 ME (5) 15M 2/80



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3	f.	emale	4. RACE white		ATE OF BIRT	5 3°5				IF UNDER	24 HRS. MIN.	2c. DAT PRONOU DEA	JNCED	N	11	27	YEAR 80	2d HOUR 2:15A
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		Y OR TOWN	OF DEATH	11. 1	NAME OF H	OSPITAL, NI FACILITY, GIVE Lang.	URSING HOA STREET ADDRESS Ley Re	oad	HER INSTITU	TION	FOR	MOST OF WO	UPATION ORKING LIFE) Wife		WORK	OR	ID OF BU	SINESS
Ti	30. ST	RESIDENCE ATE Arylar	ord Ba	HOME OR OTH COUNTY altin	er institution	13c. CIT	CE BEFORE ADMIS	SION)	13d. INSIDE C	TITY LIMITS?	T3e STR	REET ADD			Ros	ad,	2122	21
T	14. FA	THER'S NAME		MID	DLE		LAST			ER'S MAIDE		E	MIDDLE			L	AST.	
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		DECEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	
100		MAI	RGARET M.	EBERSBER			12-7-80	
rs off	3.	female	4 RACE White	5. DATE O	23, 1901 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE. MONTHS DAY	
once.		BIRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT CO	DUNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED	Baltin	or County of DEATH	,
iled within	10.	CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL	L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE TYPE OF WORK FOR MOST C Registered	OF WORKING LIFE) INDUSTE	RY
ould be file	/ 13	UAL RESIDENCE (IF NURSING HON 1. STATE aryland 13b. Co	DUNTY 134 CITY	OR TOWN  ex 21221	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	River Neck I	Road
and 2 sh	[14.	FATHER'S NAME Thomas	Middle Ma:	LAST <b>rcin</b>	15. MOTHER'S MAIDEN NA	MIDDLE	Vol	ins
Poges 1	160	. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 16b SOC 216	46 4193	17 INFORMANT  Carl Ebersb	erger, Son	316 Old Fallston, Mo	llst d.2]
, cren ather		cause (a), stating the underlying cause last.		ONSEQUENCE OF				
e prior to burial s any injury, ar	CATION	underlying couse last. PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN PART  20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS
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irial-transit permit. Then plea ental Hygiene prior to burial tem 18 shows any injury, ar-		Underlying couse last.  PART 2 OTHER SIGNIFICATION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET ALL WORK Sow the deceased alive	196 CONDITIONS CONTRIBUTION FO  216. TIME OF INJURY HOUR A.M. MO P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTO)  aspital outended the decease	TING TO DEATH BUT  IR WHICH OPERATIO  INTH DAY YEAR  19  RY, OFFICE, FARM, ETC.)  ed from 19  3th, 19	N WAS PERFORMED  21c. HOW INJURY OCCUP  21f. LOCATION  STREET	200 AUTOPSY? YES NO REED (ENTER NATURE OF INJU	20b. IF YES, WERE FININ CERTIFYING CAUS YES  PART IN ITEM 18 PART I OR PART 2  OWN COUNTY  7 , 19 000  ate and hour and from to	DINGS SES OF N
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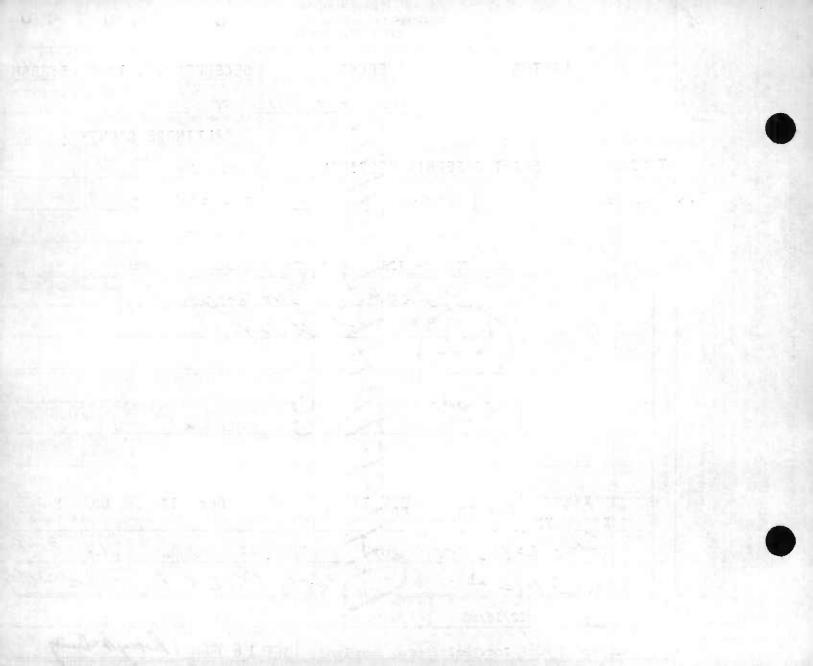
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Officer Funeral Horses, Inc. 2110 Butter Wood JAN 2 1981 (255) ATOM Servinger Mil

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			FIRST	MIDDLE	LAST			MONTH DA	Y YEAR	2h HOUR
be of h		(TYPE OR PRINT)	MARTHA		EDENS		DECEMBER	13,	1980	5:20 A
Aou.	1	3. SEX	4. RACE		5 DATE OF BIRTH	6	AGE (IN YEARS LAST BIR	IHDAY} IF	UNDER I YEAR	IF UNDER 24 HRS
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death. Page unerol direct	3	A. BIRTHPLACE (STATE OR FOR	4	WHAT COUNTRY?	MARRIED NEVERMA	RRIED -	BALTIMORE CITY O	_		-11/11
deat funer thin 7	S	Maryland  O CITY OR TOWN OF DEATH	U.S.A			RCED 🗍	BALTIM			MD
by the filed will	8	TOWSON	SAINT	JOSEPH'S	HOSPITAL		20. USUAL OCCUPATE TYPE OF WORK FOR MOST OF Housewife	F WORKING LIFE)	IZB. KIND O INDUSTRY	F BUSINESS OR
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ed withir mpletely and 2 sh	30	1 FATHER'S NAME FIRST /?	WIDDIE	Harvey	15. MOTHER'S M		( Unknown	1)	LAS	
+ 0	7	60 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166. SOCIAL SECUR	ITY NO. 17 INFORMANT	Т	ADDRE	SS		V = 1 71
te be execuired and cross. Pages 15.	4	No	(IF YES, GIVE WAR OR DATES)	578-07-8.	135B Mr Chai	rles N	Edens	Sam		MATE INTERVAL
equires that the death considered by the attending the please remove control to burial, cremation, an injury, or other troumatic		underlying couse PART 2. OTHER SIGNIF	diate the last.	R AS A CONSEQUEN	NCE OF		AL DISEASE OR CON		U IN PART 110	0
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or offendin After this c e as the bur alth and Me		ON CONTRIBUTING CALL  (IF EITHER NOTIFY MEDICAL  21d INJURY OCCURRET  WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FAR	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
ATTENDIN spital or CTOR: Af I for use o of Health		nbove Al (we) (did	his haspital) attended the color of the colo	of any cosed from		19 <u>80</u> ur) opinion de	to <u>Dec</u>	13, 19 ote and hour o	and from the	
ITAL OR A by the how the how the how the how the best contracted by the more than the		22b. SIGNATURE	Thu	beli		ENDING IYSICIAN	MEDICAL STAI	FF IAN []	22c. DATE	-13-88
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733BP		230. BURIAL, CREMATION, RE (SPECIFY) Burial	MOVAL 23b. DATE 12/16/		AME OF CEMETERY OR CRE Parkwood	1.5	23d LOCATION CITY OR TOWN Baltimo			STATE
DHMH-16 30M 2/80 (VRA 15, 4)		4 FUNERAL DIRECTOR NAME Leonard	J Ruck Inc.	Baltimore	e, Maryland	DFC		25b. RESISTRA	AR'S SIGNAL	JRE sooly



4	h	FOR STATE REGISTRAR			DEI	PARTMENT OF	E OF MARYLAND HEALTH AND MENTA FICATE OF DEATH		NE 8 0	3 0	341
* & &		CEASED NAME E OR PRINT)	EIRST		MIODLE		LAST	20	DATE OF DEATH	MONTH DAY	ZEAR ZE HOUR
moy be			John		₹.	Ed			Dec. 3		9:44a M
41 0 1	3 SE	MALE		4 RACE WHIT	E	5. DATE (	7 1017		AGE (IN YEARS LAST BIRT	MONTHS	DAYS HOURS MIN
decition of the party of the pa		IRTHPLACE (STATE OR COUNTRY) MARYLAND	FOREIGN	76 CITIZEN OF		JIRY2 8	D NEVER MARRIED		Baltimore City o		ATH MD.
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	2	ATHER'S NAME FIRST GEORGE		J.	E DE	R	15. MOTHER'S MAIDE FIRST ANNA	EN NAME	Middle		VOGEL
BALTIMORE, cote be execut to be execut on a copers. Poges 1 vol.		WAS DECEASED EVER YES, NO OR UNKNOWN) YES	(IF YES, GIVE	MED FORCES? WAR OR DATES) W2		3-9377	MARGARET	C. El	DEL 14112		21131 ILLE PIKE
RDS, 201 W. PRESTON ST., BAL equires that the death certificate in signed by the attending physici Then please remove carbon paper. The Unital, cremation, or removal.	NO	Conditions, if ony gove rise to im couse (a), stati underlying cous.  PART 2. OTHER SIG	mediote ng the e last	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CON	SEQUENCE OF SEQUENCE OF	ailure	TERMINA	al Disease or conf	DITION GIVEN IN PA	ART 1/ax
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ION OF HYSICIA nding pl nis certif buriol:† i Mental or them	MEDICAL CE	21a, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC 21d, INJURY OCCUR WHITE [] NOT W AT WORK	CAUSE OF DEA	P. 21e PLACE	m. month m. of injury	H DAY YEAR 19 DEFICE, EARM, ETC.]	211 LOCATION STREET	CCURRED	(ENTER NATURE OF INJUR		
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AUGUST 25, 1925

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SHIPTIVESS L. HARADINGAN, M.D. VA IDIDICAL CENTER, FORD HOVARD, HD 21052

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John (. Miller Inc-6475 Belair Rd.-21206

**DHMH-16 25M** 

(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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APPROXEMATE INTERVAL

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AY IS N AGE 5 FILED,		TY OR TOWN OF DEAT		(IF NOT IN SUCH F	SPITAL, NURSING HO	ME, OR OTH	ER INSTITUTION	12a. US	UAL OCCUPATION MOST OF WORKING I	N (TYPE OF	WORK 12		BUSINESS JSTRY Co.
URS AFTER DEATH. IF ANY DELAY IS NECESSARY,  8. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIR. WITH FORM PM. 3. RETAIN PAGE 5. FOR YOUTH FORES 1 AND 2 SHOULD BE FILED. TIT PAGES 1 AND 2 SHOULD BE FILED. DIVISION OF WITH RECORDS, 201 W. PRESERVED.		Randallstow AL RESIDENCE (IF IN NURS TATE Md.		HER INSTITUTION G	Co. Genera IVE RESIDENCE BEFORE ADMI	SSION)	13d INSIDE CITY LIMI	15?   13e. STF	**************************************	low E	end	Drive	
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CECUTE THE CERTIFICATE  VGE 4 SHOULD BE FOR DETAILS  TER DEATH, WITH THE SALTIMORE, MARYLAND,		death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)	Ann	M. Dixo	n, M.D.	Suicide^	Homicide TITLE (SPECIF A.D. Assist ADDRESS 17	ant MET			DATE	12-2	5-80
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Para Company Notice Instruction, No. 21126

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED JAMES В. ELLIOTT 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) MONTHS PRONOUNCED Male White March 17, 1919 61 DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) US Maryland WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WOR SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Road Catonsville Nd. Paper Box USUAL RESIDENCE (JE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN 1035 Collwood Maryland Catonsville NOKE Sx. Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME CV AND 2 MIDDLE Burnett Elliott Hoffman Marie Š 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-01-3249 Mrs. Dorothy Elliott, 1035 Collwood Rd. yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO [ E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING UND CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Inspection CERTIFICA MARYLAND, death resulted tran Undetermined manner WITH ACTUAL PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, SIGNATURE MEDICAL EXAMINER BALTIMORE, EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 12/29/80 St. Stanislaus Cemetery Baltimore -Maryland BP. 24. FUNERAL DIRECTOR 1630 Edmondson Ave., Catonsville, Marson Date REC'D. BY REGISTRAR 256. DESISTRAR'S SENATURE DHMH - 17 (VR A15 ME (5)) Witzke Funeral Home of Catonsville, P.A. 21228 DE 30M 7/73

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ould be ould be	13a. STATE 13b (	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A COUNTY 134. CITY OR TOWN Altimore Edgemer	113d INSIDE CITY LIMITS?	3. STREET ADDRESS 2423 Mattha	
2 sh	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	E MIDDLE	1 1011400
puo 650	Clarence	J Rappold	Mamie	WIDDLE	Morgan
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been signed by the attending physmit. Then please remove carbon poparator to burial, cremation, or remove any injury, or other traumatic event,	Conditions, if ony, which gave rise to immediate cause to stating the underlying cause los	DUE TO, OR AS A CONSEQUEN	ICE OF  ATH BUT NOT RELATED TO THE TERMIN		
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s certificate h buriol-transit p Mental Hygier ir Item 18 shov	OR CONTRIBUTING TO CALLER	DEDEATH HOUR A.M. MONTH DAY	YEAR	D (ENTER NATURE OF INJURY IN ITEM 1)	B, PART 1 OR PART 2)
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TOR: Afti for use as of Health 21 is mar	22a   certify that 1 this I	haspital) atterded the deceased from	9-16, 19-80, and that in (my) (aur) opinion de	to 4-26 eath occurred on the date and h	. 19, that (I) (we) lost our and from the causes stated
he has DIREC oched Dept.	226. SIGNATURE	Mula W	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	12-9-80
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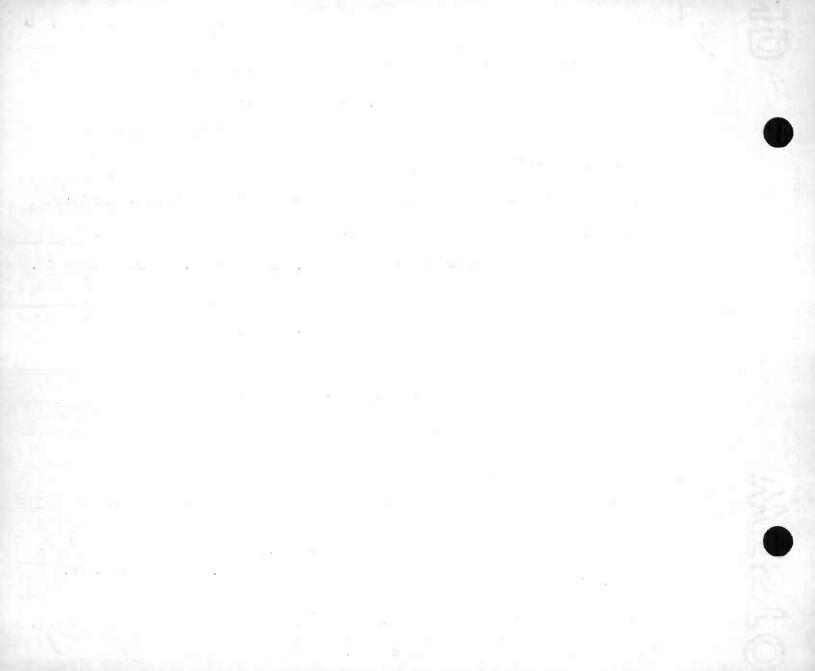
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	completely 1 ond 2 sh	exomine 7	14. F/	ATHER'S NAME VONN	B	MIDDLE ENSO	R SR	15. MOTHER	FIRE LIZA	beth MIDDLEA		nkha	Н
MOKE,		3		VAS DECEASED EV		MED FORCES? 166 SO	CIAL SECURITY NO. 1-82-4669	17. INFORM	PEIRL	Re EHSO		San	ne
201 W. PRESTON ST., BA	es that the death certificate ned by the ottending physic please remove corbon pape urial, cremotion, or removal	r, or other troumatic event, th		Conditions, if a gave rise to cause (0), strunderlying ca	ny, which immediate ating the use last.	DUE TO, OR AS A C	CONSEQUENCE OF	DDGKIN	I'S DIS	EASE	DITION GIVEN		ATE INTERVAL
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TO HOSPITAL ON ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours offer death retained by the haspital or attending physician.	free death
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	anthon 72

6	FOR STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	IENE 8 0	3 0 3 4 8
5 450	I. DECEASED NAME FIRST EMMA	LEOTTA	ERDMAN	December 3, 19	80 ZOAA
	J SEX Female		DATE OF BIRTH	4. AGE (IN YEARS LAST BIRTHDAY)  81  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
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haspital ar RECTOR Af Red for use of pt af Health em 21 is ma	saw the deceased alive or	tal) ettended the deceased from 19 50	, and that in (my) (our) opinion of	to 12-3- death occurred on the date and ha	, 19, that (I) (we)last our and from the causes stated
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		FOR - STATE	DEPAR	TMENT OF HEALTH AND MENTAL	HYGIENE 8 0	3 0	3 4 9
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n after deat	3 50	F	4 RACE	5. DATE OF BIRTH  MONTH Dec. 27, '93	6. AGE IN YEARS LAST BIR		OAYS HOURS MIN
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STATE OF MARYLAND

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(VRA 15, 4) 1/79

6010 REISTERSTOWN RD

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGE 100 PREAD P	ER DEA		EXAMINER'S NA	AME Th	omas D.	Smith	M.D.		DDRESS		l Peni			alto	., Md.	
D P E E	BAL	23a. Bl	JRIAL, CREMATIC				NAME OF CEA				23d. LOCAT			COUNTY		TATE
BP			Burial		12/9/80		oudon				Bai	lto.~	. ·		Md.	118.6
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FOR STATE

3. SEX

REGISTRAR

Female

To. BIRTHPLACE | STATE OR FOREIGN

Mary

Richard Maffezzoli, M. D.

286. DATE

12/10/80

Lowell Lemmon, 10 W. Padonia Rd.

23g. BURIAL CREMATION REMOVAL

. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2a. DATE OF DEATH MONTH 26 HOUR Loyola Feehan December 8, 1980 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS MONTH 4 1894 White 86 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH

	Illinois		USA		RIED   NEVER MARRIED   WED   DIVORCED	Baltimore County				
Baltimore				HOSPITAL, NURSING HOM HEACILITY GIVE STREET ADDRESS) Oppa Rd.	E OR OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK F Nun	CCUPATION FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY Religious		
13a. S	Ad.	Balto		GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN TOWN	13d INSIDE CITY LIMITS? YES NO X	AME	W. Joppa			
	Owen	MI	Fèe	han	Jul		Fehan	LAST		
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	22d PHYSICIAN'S NA	ME ITYPE OR P	RINTI	////	22e ADDRESS			-		

23c NAME OF CEMETERY OR CREMATORY

Convent Cemetery

1205 York Rd.

Towson, Maryland

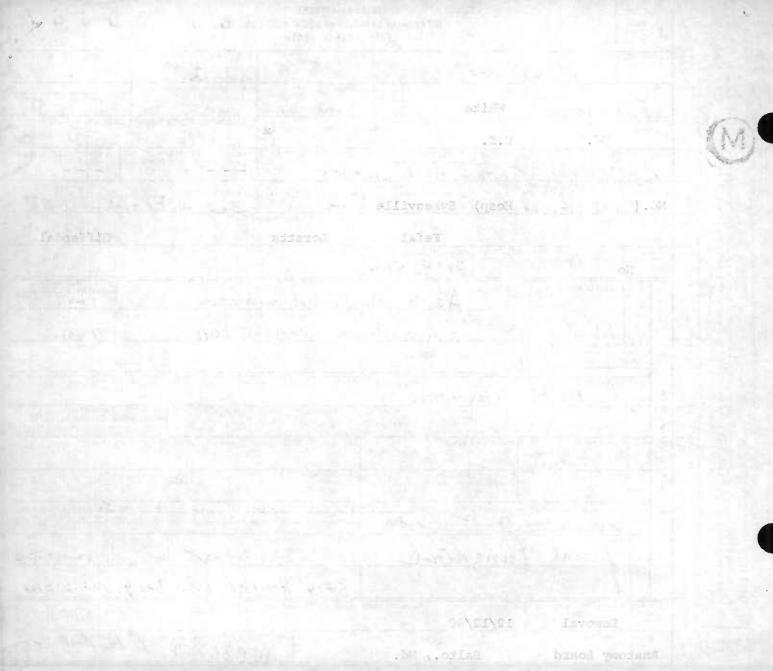
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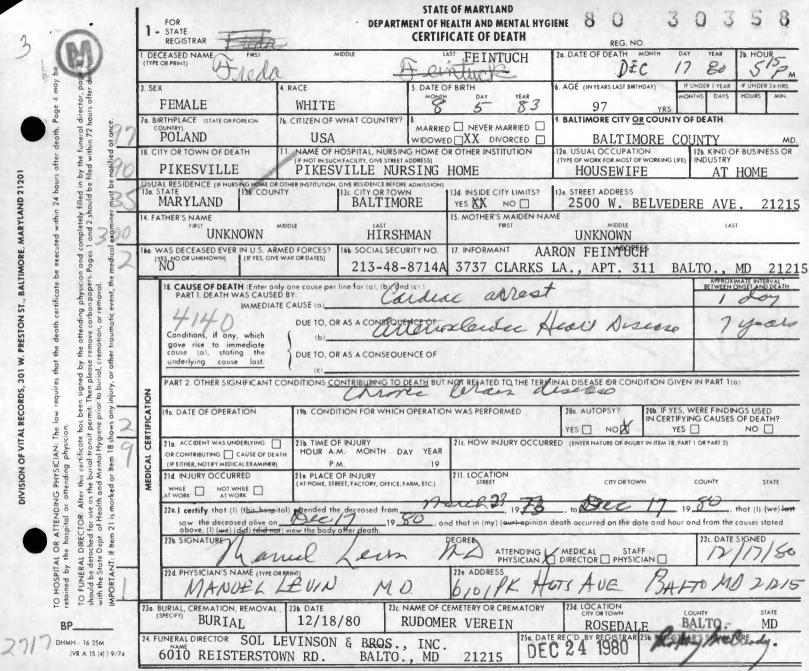
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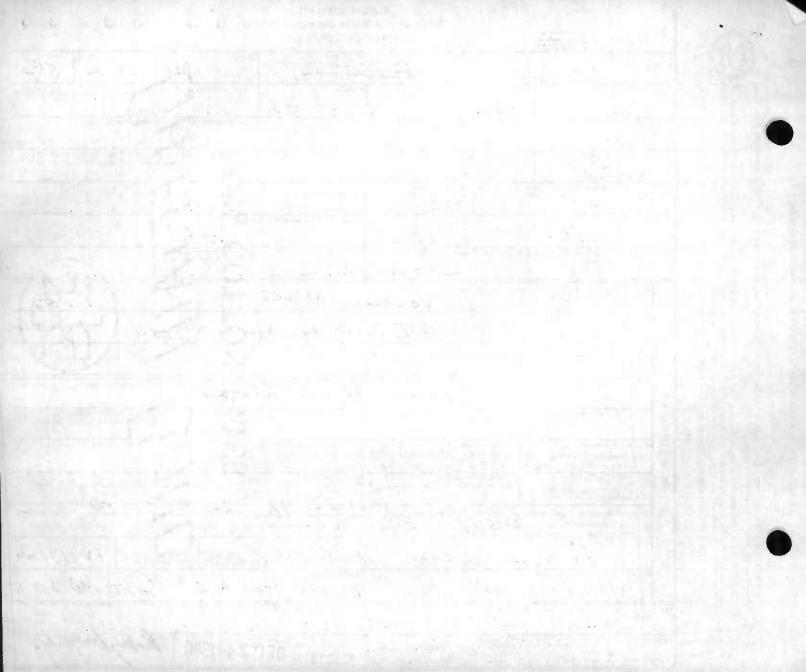
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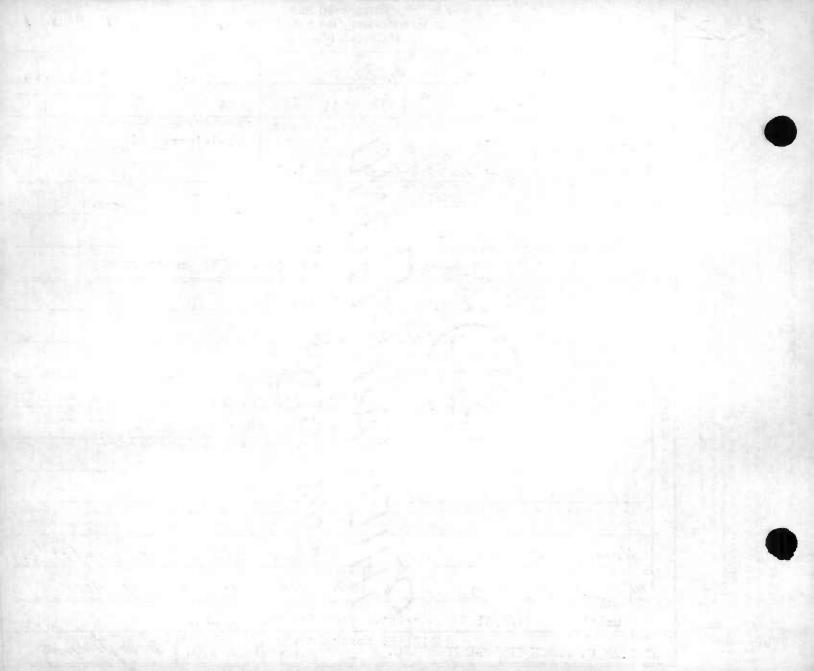
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IMORE,	Poges		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN)   IF YES, GIV	RMED FORCES? 166. SOCI	192.5114	17 INFORMANT		ADDRE	ŠS	UB/A	
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ESTON deoth ce	ottending nove corb otion, or r troumotic		4100 Canditians, if any, which	DUE TO, OR AS A CO		iotic Hea				241	
W. PR	by the ose ren other		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF					3	
DS, 201	n signed Then plec r to burio injury, or	N O	PART 2 OTHER SIGNIFICANT	0 1000000	ING TO DEATH BUT	NOT RELATED TO TH	E TERMINA	L DISEASE OR CON	DITION GIVEN	IN PART 1(a)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The low requires, that the deoth certificate be executed within 24 hours	yysician. cate has been cansit permit. 1 Hygiene prior 18 shaws any ii	CERTIFICATION	190 DATE OF OPERATION			N WAS PERFORMED		200 AUTOPSY?		ERE FINDING	
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d TENDE	hospital ar RECTOR: Af red for use rpt. of Health		22a. I certify that (I) (this hasp saw the deceased alive ar above. I) (we) (did) (did no	1.0 13.	19 & D at	, 19_ and that in (my) (aur) a	SO apinian deat	ta 2 -		,	at (I) (we) las uses stated
OR OF S	he ha DIRE tached Dept		22b. SIGNATURE	Punz ala		DEGREE ATTEND PHYSIC	DING A	AEDICAL STAF	F IAN []	22c. DATE SIG	GNED
HOSPITA	FUNE FUNE FUNE Muld be the Si		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		220 ADDRESS 5214 1		10 vs.		ml.2	1214
5	M With To	23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NAME OF C	EMETERY OR CREMA		23d. LOCATION CITY OR TOWN	COL	UNTY	STATE
	BP		Removal	12/12/80					MARRIED IN THE ST	ا كالودور هاي الرا الالموادلا	P. 45-52; * -
	H-1650M7/77 VRA 15 (4))	140	INERAL DIRECTOR NAME INATOMY BOARD	Balto	DRESS Md.	2	So. DATE RE	C. 2. 6 1980		R'S SIGNATUR	





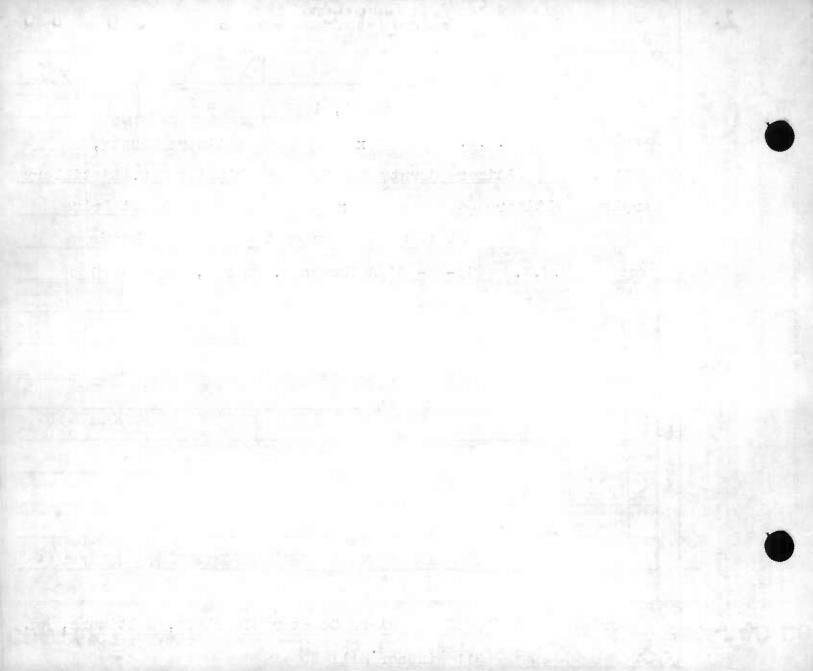


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5 4 ₹ ₹		SURIAL, CREMATION, REA				CEMETERY OR CREMATORY	23d. LOCATION		YTNU	STATE
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30M 2/80		JNERAL DIRECTOR		11	Q1 E.	North Ave 250 DA	TE REC'D. BY REGISTRAN	25b. RECOSTBAR	S SIC VATURE	1
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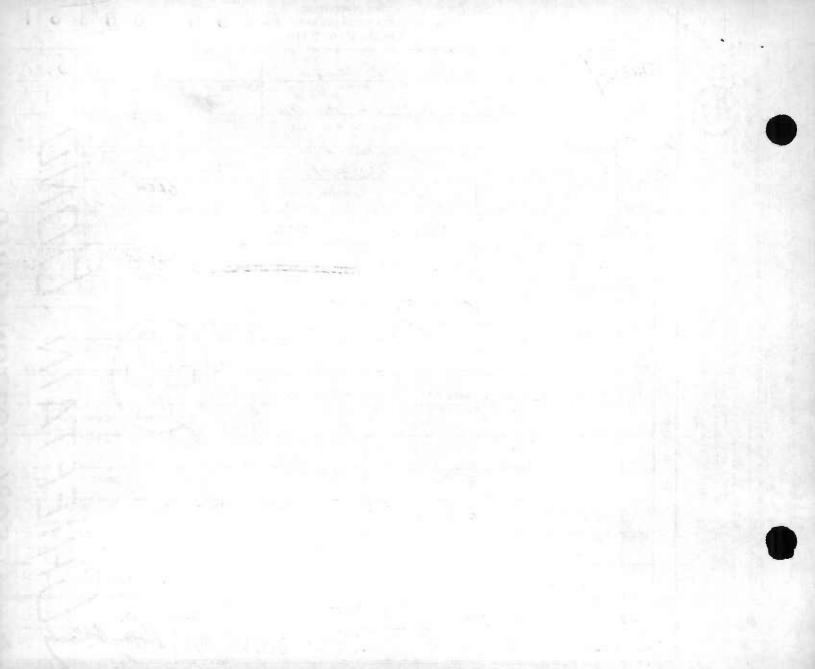


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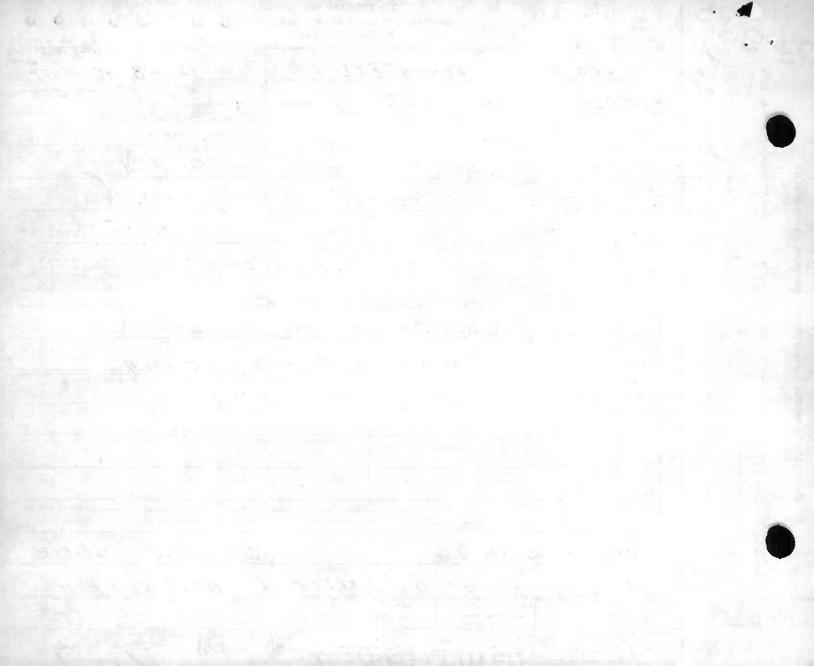


STATE OF MARYLAND



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b e g t t t t t t t t t t t t t t t t t t	LOUIS JCICOB FLOREY SR. 120 DATE OF DEATH MONTH DAY YEAR 126 HOUR 174 OR PRINT)
age 4 may	3. SEX A RACE  S. DATE OF BIRTH  MONTH  DAY  YEAR  O  O  YEAR  YRS.  White  FUNDER 1 YEAR IF UNDER 24 HRS  MONTHS  DAYS  HOURS  MIN  YRS.
funeral him 72	76. BIRTHPLACE ISTATE OR FOREIGN  TO COUNTRY?  MARRIED NEVER MARRIED SCHIMORE CITY OR COUNTY OF DEATH  MARRIED NEVER MARRIED  SCHIMORE CITY OR COUNTY OF DEATH  U.S. WIDOWED DIVORCED  TO CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. USUAL OCCUPATION  12. KIND OF BUSINESS OR
4 hours afti	CATONSVILLE HONOT IN SUCH FACILITY, GIVE STREET AGGRESS)  USUAL RESIDENCE I IF NUR GENER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130 STATE  130 STATE  130 STATE  130 STATE  130 STREET ADDRESS  130 STREET ADDRESS
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be executed and complete and co	UACOB TORRY CAMPE  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  1YES, NO OR UNENOWN) 1 1F YES, GIVE WAR OR DATES) 216-09-05-68 Mr. Herbert W. Florey 319 Campose Ruenue
certificate physician papers. Fremoval.	18 CAUSE OF DEATH (Enter only one couse per line policy), Ib), and IC)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  C C V A  RETWEEN ONSET AND DEATH
s that the death by the attending as remove carbo lal, cremation, or y, or other traum	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF CVD, and Value ed  DUE TO, OR AS A CONSEQUENCE OF
20 gne gne ple pur	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  Chronic winary tract in tection  170 DATE OF OPERATION 110 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
ITAL RECONTAL IN The lian. Ificate has the ficate has the Hygiene print. Hygiene print 18 shows	IN CERTIFYING CAUSES OF DEATH?  YES NO
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law rec ittending physician. After this certificate has been sis is the burial-transit permit. Then th and Mental Hygiene prior to to marked or Item 18 shows any in	OR CONTRIBUTING CAUSE OF DEATH COUNTY A.M. MONTH DAY TEAM  (IF ETHER, NOTEY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21d.
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OR Nospin	DEGREE ATTENDING MEDICAL STAFF  [2] DEGREE  ATTENDING MEDICAL STAFF  [2] OTEO  [2] OTE
TO HOSPITAL retained by the 1 TO FUNERAL should be detach with the State D IMPORTANT: I	Dr. Herbert Lievickas State Drive (21227)
S -BP	236 BURIAL, CREMATION, REMOVAL 235 DATE 12-8-1980 12-8-1980 236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION CUBE TEMPORAL COUNTY Mary Pand
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR  ADDRESS 1050 York Road  150 DATE REC'D. BY REGISTRAR 124 EGYRAR FOR UREA  Ruck Towson Funeral Home, Inc. Towson, Maryland DEC 8 1980

STATE OF MARYLAND



Mitchell-Wiedefeld Home 6500 York Rd.Bal.Md.

(VRA 15, 4) 1/79

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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

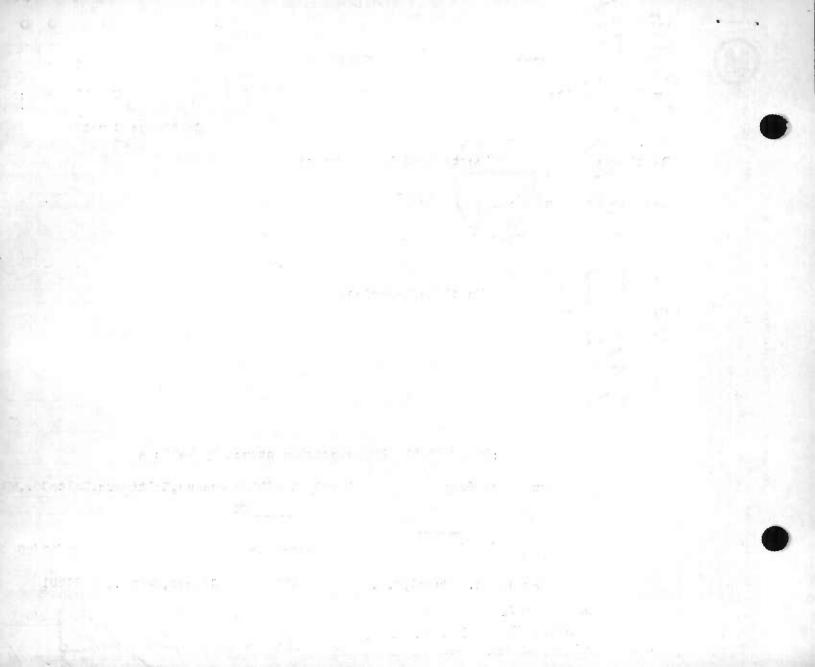
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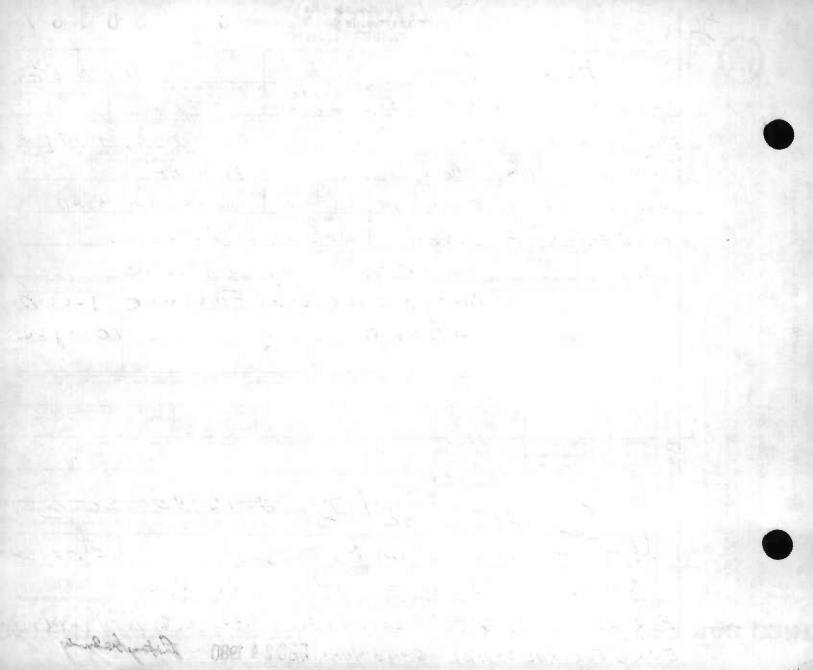
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME OF ESTI-(TYPE OR PRINT) Friedman Joseph 22,0 12 80 DEATH MATED 4 RACE SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BISTHDAY 08 PRONOUNCED white 22 80 male MARRIED NEVER MARRIED 5. BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARYTAND USA Baltimore County WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY FOR MOST OF WORKING LIFE)
NONE Liberty Road & Oak Avenue Baltimore NONE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a, STATE 113h COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN BALTIMORE YES 🗌 3630 FOREST GARDEN AVE. 21207 MARYLAND BALTO NOXXX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LIEBERMAN **PAULA** BERL FRIEDMAN DIVISION OF 4ª WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMANT MRS. FRANCESPREISKIN (YES, NO. OR UNKNOWN) 215-03-5470 3630 FOREST GARDEN AVE. NO BALTO., MD 2120 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMMEDIATE CAUSE (a) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O. CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURI YES [] NO X 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 6:45.AM 12/22 19 80 pedestrian struck by vehicle THE PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED ZII. LOCATION AT WORK NOT WHILE TO MEDICAL EXAMINER: INIS CERECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) Liberty Road&Oak Avenue, Baltimore, BaltoCO., MD roadway XX 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted from: Accident LXX Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 12/22/80 DATE Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street, Balto., MD 21201 Hormez R. Guard.M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BALTIMORE STATE BURIAL 12/23/80 BNAI JACOB MARYLAND BP 24 FUNERAL DIRECTOR SOL: LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 6010 REISTERSTOWN RD. BALTO, MD 15M 2/80





the attending physicion and completely filled in by the furnemove corbanpapers. Pages 1 and 2 should be filled with

buriol-tronsit permit. Then please remove corbon paper
 Mental Hygiene prior to burial, cremation, or removal.

O FUNERAL DIRECTOR

DHMH-16 50M 7/77 (VR A 15 (4))

within

requires that the death certificate be

	1.	STATE REGISTRAR		DEP		ICATE OF DEATH	REG. NO.	0 0 0
35 To 10 NO. 12 To 11 To 12 To		CEASED NAME FIRST (OR PRINT)	bert	Lee	Fultz,	Sr.		.980 PAR 26 HOUR
	3 SE	× Male	4 RACE White		De Ce I		6. AGE (IN YEARS LAST BIRTHDAY) 68 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
35		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF		TRY? 8 MARRIE WIDOWE	D NEVER MARRIED D	Baltimore County	
00		iddle River	11. NAME OF I	HOSPITAL, NU	IRSING HOME C	21220	120. USUAL OCCUPATION ATYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OF CONSTRY
35	130 S	AL RESIDENCE (IF NURSING HON STATE 136 CC	e or other institution DUNTY Ltimore	GIVE RESIDENCE I	RESIDENCE BEFORE ADMISSION   13d. INSIDE CITY LIMITS?		13. STREET ADDRESS OVE La	ne 21220
130	14 F.A	John T. F	ultz	LAST		15 MOTHER'S MAIDEN N. Minnie	Riddle Riddle	LAST
1	160 V	WAS DECEASED EVER IN U.S. XES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)		1 9000	Janice Mae	Fultz Wife	Same
٧		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	r only one couse per USED BY: DIATE CAUSE (o)		diopula	wrang arr	est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate couse to stating the underlying cause last	DUE TO, O		EQUENCE OF		acular dinerse	6 years
	NOI	PART 2 OTHER SIGNIFICAT	Hone		HALL F		winal disease or condition giv	EN IN PART 1(0)
2	TIFICAT	190 DATE OF OPERATION	196 COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED	TN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \bigcap \) NO \( \bigcap \)
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220 I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (die	on September the body	e deceased from		nd that in (my) (our) apinion	to December, death occurred on the date and hou	19, that (I) (we) los r and from the couses stated
		THE SIGNATURE R	Bart	to h		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	12 23 Se
1		220 PHYSICIAN'S NAME (TY	BARKE	2		Balthue C	ity Hazital :	21724
1	-	Cremation Remo		4, 198		Mount Cemet		
	Bo	dzdzinski Fun	eral Home	PA 14	07 Old E	astern Ave	TE REC'D. BY REGISTRAR 256. RESIST	RAR'S SIGNATURE

MALIAN SANTAN

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3	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MEN CERTIFICATE OF DEA		REG. NO	<b>3 U</b>	3 6
		CEASED NAME FIRST	MIDDLE	LAST			MONTH DAY YEAR	26. HOUR
2 76	20	AURO	RA	FUSO			12 28 80	120
(M)	3. SE	x female	RACE GAPY White	5 DATE OF BIRTH	192	AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEA MONTHS DAY	
her if	7e B	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Italy	16 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MAR			RCOUNTY OF DEATH	ty
in by the fur filed within must be noti	B	altimore, Md.	ILE VIVINCE I WAY	ING HOME OR OTHER INSTITU ET ADDRESS) WAY NURSING	JION I	20 USUAL OCCUPATE DIPE OF WORK FOR MOST O Seamstre	F WORKING LIFE) INDUSTR	OF BUSINESS C
within 24 ho tely filled in should be fil	13e.	AL RESIDENCE (IF NURSING HOME COU STATE 136 COU Maryland	ROTHER INSTITUTION, GIVE RESIDENCE BEH NTY 131. CITY OR TO Baltim	OME ADMISSION) WN 134 INSIDE CITY OFE YES 2 NO		3. STREET ADDRESS 1640 Harts	đale Rd	
ted apple	14 F.	ATHER'S NAME First Andrew	MDDLE LAST ROGONA	15. MOTHER'S MA FIRST ROS		MIDDLE	?	LAST ?
ficate be execu		VAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN)   I IF YES, GR	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 213-12		drew R	ogona 2 Bi	tteesweet L	ame
requires that the nation signed by the at new please remove to burial, cremating injury, or other	Z.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNHEICANT	DUE TO, ON A SHOWS ED	DEATH BUT NOT RELATED TO	NO A	alussis I al disease or coni	DITION GIVEN IN PART	1(a)
CIAN: The law rician. Ician. iticate has been ansit permit. The Hygiene prior to Mygiene prior to My	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUS YES	
PHYSICIAN: ng physician. this certificate urial-transit pee Mental Hygiee d or Item 18 si		210. ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2	)
DING ttendii After s the b th and marke	MEDICAL	21d. INJURY OCCURRED  WHILE ONOT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	78	CITY OR TOW	VN COUNTY	STATE
F O DAIL		220 1 certify that (I) (this hosp saw the accordalise a above they had alive a	oital attended the deceased from	and that y (my) (out	19 ur) opinion de	oth occurred on the do	ate and hour and from the	
ITALOR AT y the hospital y the hospital detached for ital DIRECT detached for ital Dept. of NAT: If Item 2		Chiffing	fatogra	PHY PHY	ENDING YSICIAN	MEDICAL STAF	F _	TE SIGNED
TO HOSPITAL'C retained by the hi TO FUNERAL DI should be detache with the State De iMPORTANT: If		Anthony )	F. CAROZI	2A 1811	XLONI	THORK	By Balk	mil
F		BURIAL, CREMATION REMOVA		NAME OF CEMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	12/30/80	Holy Redeemer	Tasa DATE S	Baltimo		
DHMH-16 25M (VRA 15, 4) 1/79	1	UNERAL DIRECTOR	ADDRESS		UEU	3 0 1000	256 REGISTRAR'S SIGN	ATURE .
· (VDA 10, 4) 1//9		Leonard J F	Ruck Inc. Baltim	ore, Maruland	1 = 0	0 0 1200	and the same	- Money

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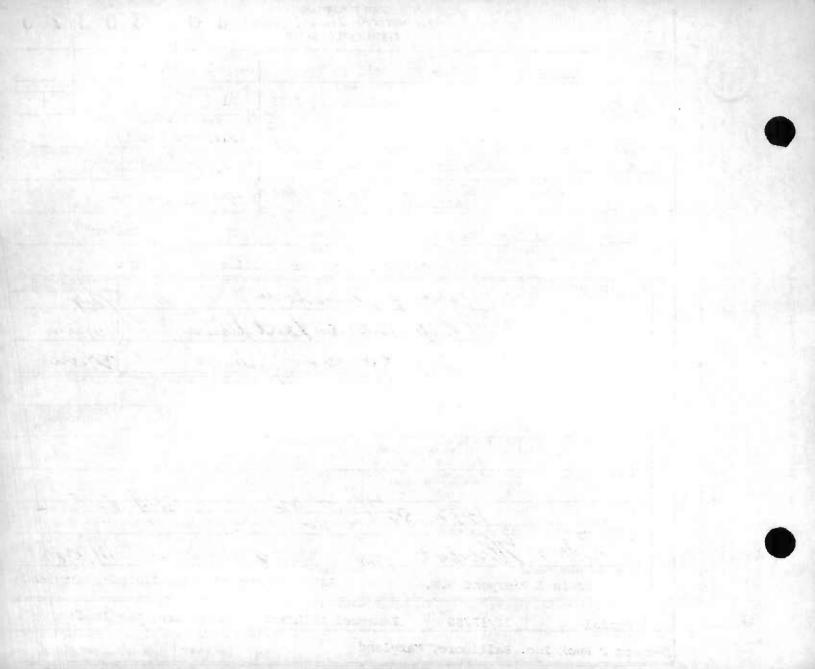
## STATE OF MARYLAND

	REGISTRAR		CERTII	TCATE OF DEATH	REG. NO	D.	
	DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
(1	YPE OR PRINT)  Cordel.	ia Em	ma Gai	1	December 1	4, 1980	
3. 5	SEX	4 RACE	5. DATE	OF BIRTH	6 AGE   IN YEARS LAST BIRT		AR IF UNDER 24 HRS
	Female	White	Octo	ber 20, 1899	81	YRS.	YS HOURS MIN.
Ja.	BIRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
5	Maryland /	U.S.A.	WIDOW	**	Baltimore	County	MD.
10.	CITY OR TOWN OF DEATH			OR OTHER INSTITUTION	120. USUAL OCCUPATION		OF BUSINESS OR
	Randallstown			rsing Home	Retired S	ales Lady	KT
130	UAL RESIDENCE (IF NURSING THE COURT		PENCE BEFORE ADMISSION) Y OR TOWN	113d. INSIDE CITY LIMITS?	134 STREET ADDRESS		
	aryland		timore	YES NO	2824 Pine	wood Ave	
14.	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME	TENER DE LA COMPANIE	
		lliam Gail		Emma	S	Aulback	HAST
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	
	(YES, NO OR UNKNOWN)   I IF YES, GIVI		-09-7065A	Mrs Marie M	Miller	Same	
	18. CAUSE OF DEATH (Enter on	ly one couse per line for (	a). (b). and (c).)	Ly ,		APPT	OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS CAUSEI	D BY:	WAKEN )	Lionlyn	-	11	W.
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1	4100	111	1				
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	underlying cause last.	(c)	regette	- Musin M	Meleur	7	new
1	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE ERM	INAL DISEASE OR CONI	DITION GIVEN IN PART	1(0)
18				The second of			
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
1 8					VEC D NOD	IN CERTIFYING CAUS	
- 2	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	/	131. HOW BUILDY OCCUPY	YES NO	YES	NO 🗌
	OR COLUMNIA COLUMN			21c HOW INJURY OCCURE	KED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART I OR PART	2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19				
8	21d. INJURY OCCURRED	21e. PLACE OF INJU		21f. LOCATION	CITY OF TO	WN COUNTY	STATE
2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO	DRY, OFFICE, FARM, ETC.)	SINCE	CITORIO	m /11/ 2.	37711
	22a.1 certify that (I) (this haspit	al) attended the decens	ad from A.A.Z	11/15 1918	, to	4/4/1900	_, that (I) (===) last
	sow the deceased alive on, above, (1) (me) (did) (did no	) sieur the hardwester des	19 0	nd that in (my) (our) opinion	death occurred on the do	ate and hour and from	the couses stated
	22b. SIGNATURE	un	ann.	DEGREE		22s DA	TE SIGNED
	rave	Mus	at M	ATTENDING PHYSICIAN E	MEDICAL STAF	IAN ()	18180
1	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	1/10	22e ADDRESS			-700
	Edwin L	Pierpont M	.D.	8204 Libe.	rty Rd Rand	dallstown,	Maryland
230	I. BURIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF O	CEMETERY OR CREMATORY	23d LOCATION		
	(SPECIFY)	12/17/80		nuel Lutheran	CITY OF TOWN	re, Marylan	nd STATE
	Burial	12/11/00	Tilling	11001 10010101			

DHMH-16 30M 2/80 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR
Leonard J R J Ruck Inc. Baltimore, Maryland

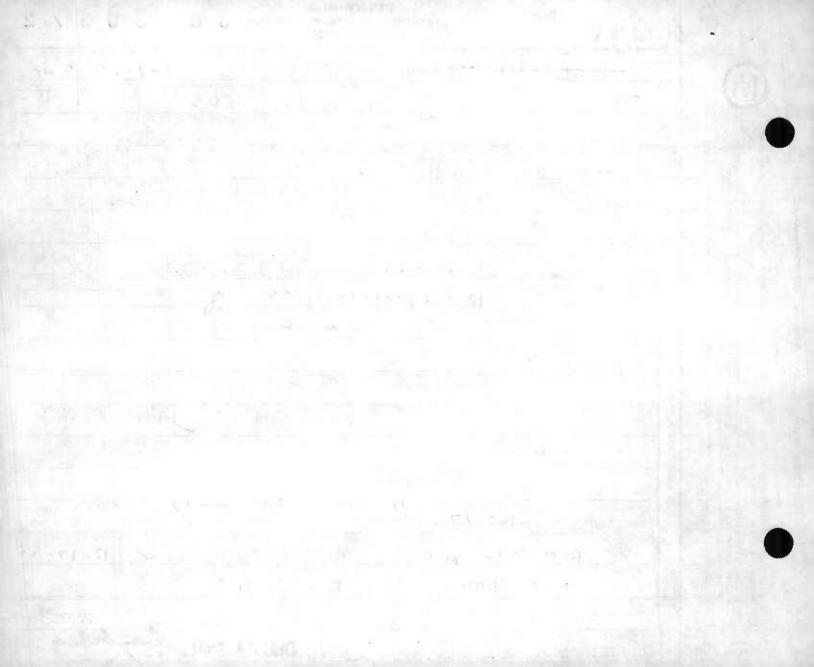
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OE B	3. :		4 RACE	5. DATE OF BIRTH		IN YEARS LAST BIR		
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		21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJU	YES T		YES 🗌	NO 🗆
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ICIAN: The graph property of the property of t	U-0	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	TH DAY YEAR 19	RY OCCURRED (ENTE	-	YES 🗌	NO 🗆
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3 PHYSICIAN: The intending physicic probability of this certificate the burial-transit and Mental Hygic ed or Item 18 sh	MEDICAL CERTI	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE	HOUR A.M. MONT	TH DAY YEAR  19  211 LOCATION	RY OCCURRED (ENTE	-	YES :	NO [
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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician TO FUNERAL DIRECTOR. After this certificate should be detached for use as the businel-transit with the State Dept. of Health and Mental Hygis IMPORTANT: If them 21 is marked or them 18 sh	T T T T T T T T T T T T T T T T T T T	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that X (this hasp sow the deceased alive or above. (X)(We) (did) (did not 22b. SIGNATURE  22d. PHYSICIAN'S NAME (1)	ATH HOUR A.M. MONT P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, itol) ottended the decreased Dec. 4  at yiew the body ofter death parties.	TH DAY YEAR  19 211 LOCATION STREET  1 from NOV 28  19 80, and that in (my) (or person of the control of the co	RY OCCURRED (ENTEL  19_80, to_ ur) opinion death occu ENDING MEDIC YSICIAN DIRECTI	CITY OR TO	YES YEN ITEM 18 PART LORPA  NN COUNT  19 80  Ite and hour and fra  222.	NO
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1 7 1917 63 Boulet of medical to Salver 

•	1.	STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	10.	0 0	
		CEASED NAME FIRST JC	SEPH	JOSE P	H .	GALPERIN	20 DATE OF DEATH	MONTH D.	7 -80	3-001
)	3 SE	~^	RACE		5 DATE C		6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24
OUC		JY\ ALE		ITE		15 00.	86,	YRS.		
2 ho	/a B	OUNTRY		WHAT COUNTRY?	MARRIE	NEVER MARRIED	BALTIMORE CITY			
in 7	10.0	RUSSIA	US		WIDOWE		BALTIMO			
255		RANDALLSTOWN	BALTII	MORE COUN	TY GE	N. HOSPITAL	126 USUAL OCCUPA (TYPE OF WORK FOR MOST PAPERHAN	OF WORKING LIFE	INDUSTRY	ORATIO
35	130	AL RESIDENCE IN NURSING HOME ORG STATE 136 COUN' MARYLAND	OTHER INSTITUTION TY	BALTIMO	4	13d. INSIDE CITY LIMITS?	3601 LABY	APT. RINTH		21215
exa	14 F	ATHER'S NAME	IDDLE	LAST		15 MOTHER'S MAIDEN NAM	WIDDLE			
D 4000		SAMUEL	NOOLE .	GALPERIN		SARAH	MIDDLE		UNKNO	
£		WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT MRS.	GRACE GARR	ERIN		
the 2	,	YES, NO OR UNKNOWN) (IF YES, GIVE '	WAR OR DATES!	217-05-	3727	3601 LABYRINT			#212	15
/al.		18 CAUSE OF DEATH (Enter only	v one couse per	line for (a), (b), one	Liesii	atasis (a			APPROX	MATE INTERV
rior to buria	CATION	PART 2 OTHER SIGNIFICANT CO				NOT RELATED TO THE TERM	NAL DISEASE OR COI		N IN PART 1	
Hygiene pr n 18 shows	CERTIFICAT	DATE OF OFERATION	170 COIND	The state of the s	O'EKATIO'	TWASTER ORMED	YES NO	IN CERTIFY	ING CAUSES	OF DEATH
or Item 1		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18, PA	RT T OR PART 2)	
marked o	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21a PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.	211 LOCATION STREET	CITY OR TO	DWN	COUNTY	STAT
of Heali		220.1 certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not		d arm	70 on	id that in (my) (our) apinion of		date and hour	ond from the	that (I) (we couses state
ate Dept.		22b. SIGNATURE	Shak			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN (3)	12 -	SIGNED
should be detach with the State D IMPORTANT: I		224. PHYSICIAN'S NAME (TYPE OR	M. SH			B. C. Co	· H	840		
shou with	230	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236. DATE 12/18	2/00		EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN BALT IN	MORE		ARYLA
1-16 25M 5, 4) 1/79	24. F	UNERAL DIRECTOR SOL I 6010 REISTERSTO	EVINSON RD.,	V & BROS.	, INC	21215 DEC	24 1980	25b. 52 ISA	AR'S SENT	Pledy



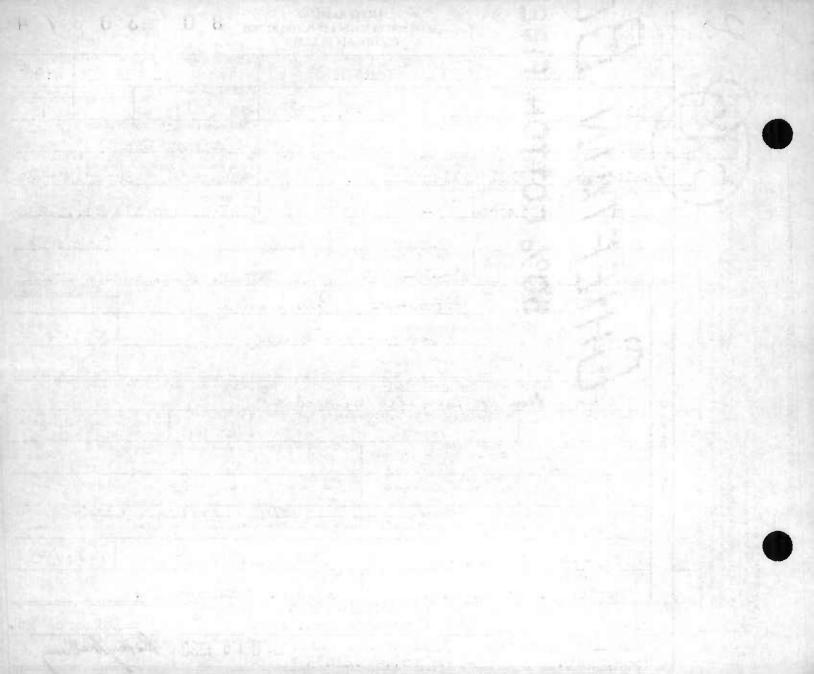
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		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
e 4		CEASED NAME FIRST	MIDDLE TOLLTO		AST	20. DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR F
70	2.05	CHARL			NER			11 80	4:00°
	3. SE		4 RACE	5. DATE (	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY	WONTHS DAYS	HOURS MIN.
2		Male	Caucasian	DUNITOV2 9	/-/	9. BALTIMORE CITY C	YRS	OFDEATH	
100		COUNTRY)		MARRIE	D 🖾 NEVER MARRIED 🔲				
£ 2	_	Maryland ITY OR TOWN OF DEATH	USA	WIDOWI	DR OTHER INSTITUTION	Baltimor			OF BUSINESS OR
filed with	100	Baltimore	(IF NOT IN SUCH FACILITY.			(TYPE OF WORK FOR MOST O	OF WORKING LIFE	E) INDUSTRY	Market
hould be	13a. :	al residence (if nursing home of State 138. COU Maryland Bal	NTY 13c CITY	ENCE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS?	8121 Hill	en da	le Rd.	.21234
12 st	14. F/	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE		LAS	i i
13/		John	_	arner	Jessi	е		(unk	mown)
edicol		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOC	CIAL SECURITY NO.	17 INFORMANT	ADDR	SS		
Boo B		No -		-10-4955	Evelvn G	arner, wif	e. sa	ame ad	dress
+ +		18 CAUSE OF DEATH (Enter o			^				IMATE INTERVAL ONSET AND DEATH
mov ent		PART I. DEATH WAS CAUS	ED BY:	An march	Preen	onea			
ار م		ZIA DIMMEDIA	TE CAUSE (o)	0			4 81150		
a, o		9/3	DUE TO, OR AS A GO	ONSEQUENCE OF	un Tilani			0.000	
trou		Canditions, if any, which gave rise to immediate	(b)/	aenae	1 copuse	<i>SQ</i>			
, crem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF				2 - 23	
or o			(c)						
to bu	NO	PART 2. OTHER SIGNIFICANT	conditions contribu	Naular	Secretaria to the ter	MINAL DISEASE OR CON	DITION GIVI	EN IN PART 16	31
ony O	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED
Shows	Ĕ					YES T NOT	YES	YING CAUSES	NO T
	8	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU				
1 8 A		OR CONTRIBUTING _ CAUSE OF DE		NTH DAY YEAR					
r He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJUR	19	21f LOCATION				
ked or	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO		STREET	CITY OR TO	NWN	COUNTY	STATE
olth on morked		22a.t certify that (1) (this hosp	sital) attended the decease	ed from	10 176	7 10 12/11	7 .	10 FO	that (I) (we) last
of He 21 is		sow the deceased alive or abave, (I) (we) (did) (did no	11/24	19 80 0	nd that in (my) (aur) apiniar	n death occurred an the d	ate and hou	-	
ept.		22b. SIGNATURE			DEGREE			22c. DATE	ŞIGNED
T. F		Morton	C: Que	ele	ATTENDING PHYSICIAN	MEDICAL STA		121	12/80
Sto A	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			1 ,	
with the State	14	Morton C.	Orman, M.	D.	2936 E.	Baltimore	St.		
; 3 ₹	23a.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		HIN SEE	
		Burial	12/15/80	Morela	nd Mem. Pa	rk	Ba	altimo	re Md
2/80	-	Schimunek Fu			ms Lane 2500		And in case of February	May Sight	the same of the sa
, 4)				7	1 07070				

Balto., Md. 21213

Home, Inc

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEC 2

(VRA 15, 4)

Burgee Funeral Home

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J./E. Lowell Lemmon, 10 W. Padonia Rd.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carbompapers. Pages I and 2 should be flied within 73 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

		FOR			OF MARYLAND	0 0	-7	0 7	-7 -7
	1.	STATE REGISTRAR	DEPARI		EALTH AND MENTAL HY ICATE OF DEATH		3	0 0	1
		CEASED NAME FIRST	MIDDLE		AST	REG. N		AY YEAR	2b HOUR
	TYPE	Irma	Virginia	GA	RTSIDE	Decembe	r 26,	1980	1:04 a
10	3. SE	X	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
1		5	W	MONTH 9	121716 YEAR	64	YRS.	DAYS DAYS	HOURS MIN.
20		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	F. BALTIMORE CITY C	_		
20	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	WIDOWE			ore Co		MD.
57	10. C		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		120 USUAL OCCUPAT		INDUSTRY	F BUSINESS OR
4	₩ŠÜ,	ROSS VILLE AL RESIDENCE (IF NURSING HOME OR	FRANKLI OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	3 a.	1 1		mo	ME
34	130. 5	STATE 136 COUN	ALTO ESSE	/N	13d INSIDE CITY LIMITS?		RRAI	118	1.15
	14. FA	ATHER'S NAME		7	15. MOTHER'S MAIDEN N		11,107 //		AVE
930		ROBERT E	ARTSIDE		HILDA	SCHINOL	ER	LA51	r
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	JRITY NO.	17. INFORMANT	ADDRI	SS	41	
		NO		6994	DONALD	HUTCHINS	ON.	14	BOVE
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), or					BETWEEN C	MATE INTERVAL DISET AND DEATH
			TE CAUSE (o) Cardion	ulmon	ary arrest				
		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF	ary edema -	Congestive h	part		
		gave rise to immediate cause (a), stating the				failure	Carc		
		underlying couse lost.	DUE TO, OR AS A CONSEQUE Chronic	Obst	ructive Pulm		e	- 38	
	_	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1(o	
	10								
2	CERTIFICATION	198 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
0	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	YES RY IN ITEM 18 PAR		NO 🗌
9	_	OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION	CITY OR TO	wN	COUNTY	STATE
	*	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE,		05 00		0.0	0.0	SIAIL
2		22a I certify that (this hospit	tol) ottended the deceased fro December 26, 100 In view the body ofte	Decem	-, 19	becembe			that (we) lost
		sow the deceased alive on above, ( (we) (did) (did) of 22b. SIGNATURE	n view the body ofte	or	d that in () ((our) apinion	n death occurred on the d	ate and hour		
		220. SIGNATURE	MARIA		DEGREE ATTENDING	_ MEDICAL _ STA		22c. DATE S	SIGNED
		22d. PHYSICIAN SMANE	W-01.03/ 11-11-	000	PHYSICIAN	DIRECTOR   PHYSIC	Drive	21:237	1000
5		Mariot	f. Dias.	MA	9000 Fra.	athin Sa.	Durk	153/1	Timil; e
	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		1 (12)	4443
		BURIAL	12/29/80 1	BELA	IR	BEL A1	R	COUNTY	STATE /
		UNERAL DIRECTOR	ADDRESS		25a. D.A	ATE REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	IRE
	J	. G. CONNELL	- 300 i	MAC	E	IBEI C NE	garya	7	7

DHMH-16 30M 2/80 (VRA 15, 4)

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BROS., INC.

21215

BALTO., MD

24 FUNERAL DIRECTOR SOL LEVINSON &

6010 REISTERSTOWN RD.

DHMH-16 25M (VRA 15, 4) 1/79 FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26. HOUR

12b. KIND OF BUSINESS OR

#21207

STOLLER

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

HECHT CO.

IF UNDER ZA HIRS

IF UNDER I YEAR

INDUSTRY

#21207

YES [

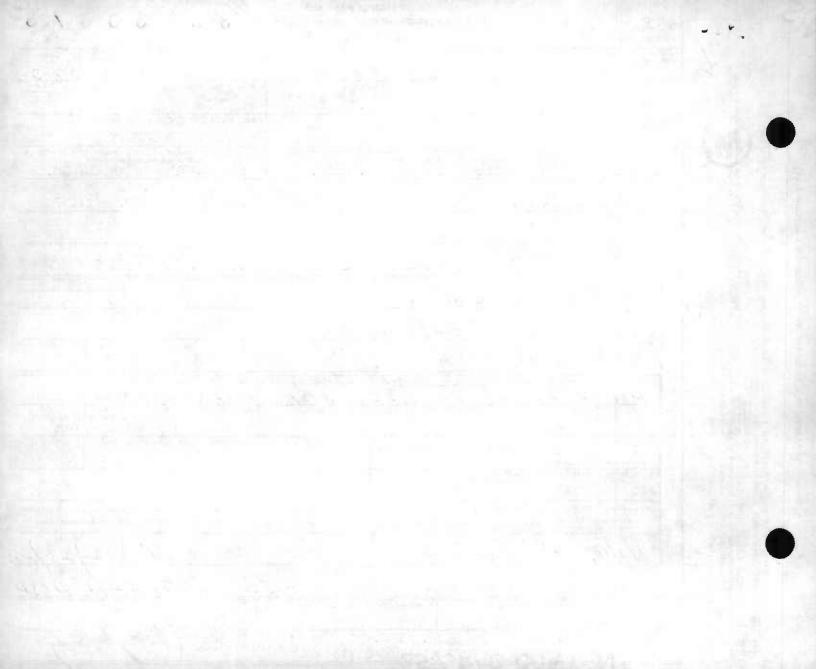
COUNTY

COUNTY

CHESTRAR'S SAGNATURE

771 DATE SIGNED

MARYLAND



1 0				STA	ATE OF MARYL	.AND	PHR			-
5			DEP	ARTMENT OF	HEALTH AND	MENTAL HYGI	INE () 3	30	3 /	9
FOR STATE			MED	CAL EXAM	INER'S CERTIF	FICATE OF DE	ATH			
HEALTH DEPT.		DECEASED-NAME First		Middle	Lost			lonth Doy	Yeor 2	b. HOUR
PM3.		(Type or Print) Agn	es	L.	Ger	ntry	OF ESTI- DEATH MATED 1		1980	7.30
ment Pe	3. :	SEX 4. RACE	S. DATE OF BIRTH	6. AGE (In	years IF UNDER 1 YEAR		2c. DATE PRONOUNCED DE	AD	2	d. HOUR
MA Son	F	emale White	8/23/04	76	YRS. MONTHS DAYS	HOURS MIN	Month Do	29 Yes	19 Se	A M
133		BIRTHPLACE (Stote or foreign	b. CITIZEN OF WHAT COUN	ITRY? 8.	MARRIED NEVER	MARRIED 9. COL	INTY OF DEATH			
Stat Stat	COU	Virginia	U.S.A		WIDOWED K	IVORCED 🗌 Ba	ltimore Co	ounty		Md.
haurs haurs lee along the Sto	10.	CITY OR TOWN OF DEATH			UTION (If not in hospi	tol 12o. USUAL OC	CUPATION (Kind of work of	done 12b. KII	ND OF BUSINE	SS OR
4 = 5 = 4 5		undalk	1781	Inverne	ss Ave.	Hous	f working life, even if retine to the contract of the contract	ed.) INDUST	SA	
thin 2 thin 2 pencil rr's Off	130	USUAL RESIDENCE (Where deceose	ed lived, if institution: Re	sidence before 130	. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER			
in Person		dmission) STATE Maryland	13b. COUNTY Balt	imore D	undalk	YES NO X	7935 Stra	tman I	Road	
WOR Smiring	14.	FATHER'S NAME First	Middle	Lost	15. MOTHER'S N		Middle		Lost	
BALTIMORE, executed with pending in ical Examine page or within 72 his within 72 his executed within 72 his execut		David	Α.	Moore		Lut	tie		Porte	
BAITIMO executed pending dical Exam page within 72		WAS DECEASED EVER IN U.S. ARMED F	est or dates of reneval	CIAL SECURITY NO.	17. INFORMANT		1781 ADDENVE			
TREET, Id be ward ward ef Mec File event		0	216	-18-632	1 Eva D.	Sharron	- Balto	. MD		
PRESTON STREE ificate shauld be writing the ward to the Chief M nosit permit. File and in any even and in any even		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (c	), (b), ond (c).)		1 0 1	1	BE	APPROXIMATE INTE TWEEN ONSET AND	RVAL .
ton Si e shaul ng the v he Chie permit.			TE CAUSE (o)	ranos	na 8/	Ston	reh			
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PRE inflica wrill to to ansi		Conditions, if any, which gove rise to immediate couse (a),	(b)		2 100 0					
w. cert ate, ate, ded ded val,		stoting the underlying couse (	DUE TO, OR AS A CO	INSEQUENCE OF						
301 W. PREST This certificate certificate, writin forwarded to the burial-transit in remaval, and it		lost.	(c)							
0 - 2 -		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO D	DEATH BUT NOT REL	ATED TO THE TERMINAL	L DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)			
AINER AINER e the d be	NO.	190. DATE OF OPERATION	1101 00	NDITION FOR WILL	ODERATION			Los		
EXAMINE EXAMINE execute the should be used as remarked.	CERTIFICATION	170. DATE OF OPERATION		NDITION FOR WHIC AS PERFORMED?	H OPERATION			20	. AUTOPSY?	
S S S S	ERT	21o. EXTERNAL CAUSE WAS	21b. TIME OF INJURY A	tooth Day Year	Tate HOW INTERV	Occupant to		10.1	YES 🗌	NO 🗌
DICAL DICAL BOSE BOSE BOSE BOSE BOSE BOSE BOSE BOSE	SAL	PRIMARY OR CONTRIBUTING	HOUR A.M.	nonin, Doy, reor	ZIC. HOW INJURY	OCCURRED (Enter note	re of injury in Port 1 or Po	rt 2, Item IB.)		
OF VIT.  Y MEDIC  ITY, pleas  Page  r files.  shauld to burial	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e. P	P.M.  LACE OF INJURY (At home,	form street	21f. LOCATION Stre	est of R.E.D. No.	City or Town	Count		Chan
PUTY essary ctar. yaur 3 sh			ory, office building, etc.)	torin, street,	211. LOCATION SITE	el of K.P.D. No.	City or Town	Count	У	Stote
DEF DEF nece direct or y age pric		22a. I certify that I to	ok charge of the rem	nins described o	have held an Au	itonsy 🗍 Ins	pectian , Inqui	v 🗖 .	nd in my	oninion
bivision to be is necessary and far Page		death resulted from:	Natural courses		_	Hamicide .	Undetermined ma	,	ilu ili iliy v	opinion
plv TO relay is in uneral di pained fi TOR: Po Hygiene		1/0-	11/1/			HIEF MEDICAL EXAMINI				
0 4 0 0		ACTUAL SIGNATURE	1/h Xx	- 1	-	SSISTANT MEDICAL EXA		DATE SIGNED	1	
If any o the y be real Mental		EVAMINED'S	1		171.17.	PEPUTY MEDICAL EXAMI	THE PARTY LAND	2/29	180	
3 to may NERAL ond A	-	NAME (Type) K. S	AHLU	WALI		DDRESS(Street, city, to		1	1	
S S S	230	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d.	LOCATION (City or Town)	(County	(Stote	e)
ofter de 2, and Page 5 TO FUI Health		REMOVAL (Specify) Burial	2/31/80	Sunset	Memorial		ral Retrea	at, Wyt	,	
DHMH-17 1/71 10M	24.		Ruck, Inc			2So. REC'D BY REC	GISTRAR 25b. REGIO	RAP'S SIGNATU	A3 A	
(VR A15ME (5))		7922 Wise Ave			21222	DADEC 3 O	1980	ALANIA .	/	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4)

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Tell 9			Har 4 12/15/190	un.
		and the start		is -file and

10	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 U 3 U 3 8 2  CERTIFICATE OF DEATH  REG. NO.
e of		CEASED NAME FIRST OSCAR	MIDDLE LAST / 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
ge 4 may	3. SE		4. RACE  S. DATE OF BIRTH  MONTH;  DAY  JEAN  MONTHS  DAY  HOUDER 24 HRS  WONTHS  DAY  HOURS  MIN.  YRS.
Booth. Pog		IRTHPLACE (STATE OR FOREIGN )	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED   NEVER MARRIED   9 BALTIMORE CITY OF COUNTY OF DEATH  WIDOWED D. DIVORCED   MD
by the h	(	PAR RUILLE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCHACILITY, GIVE STREET HOPRESS)  120. USUAL OCCUPATION (IT PEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY/ NEHERAL TO REMANY ULEN L. MARTINS
in 24 hou y filled in should be	13a.	Md 136. CODY	YES NO BOOD FAIR DAKS BY
completely and 2 s		HEHRY	ADDIE GERHANDT 15. MOTHER'S MAIDEN NAME FIRSMARIE MIDDLE GROS LOSS
be executor ond c		VAS DECEASED EVER IN U.S. ARA YES, NO GRUNKNOWN) (IF YES, GIVE	WAR OR CATES) 176-09-4149 WILLIAM GERHARIT 2931 Hiss Ave
NG PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ottending physician.  After this certificate has been signed by the attending physician and completely filled in by as the burial-strassing permit. Then please remove carbonopapers. Pages 1 and 2 shauld be 11 th and Mental Hygiene prior to burial, cremation, ar remaval.  arked at Hem 18 shaws any injury, ar ather traumatic event, the medical examiner must be at		PART I. DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	
equires the signed Then plect to burial injury, ar	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The low re ician.  te has been sit permit. I grene prior shows ony ii	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
pHYSICIAN: The landing physician. This certificate has e burial-transit per de Mantal Hygiene de Aentral Hygiene de au frem 18 shows	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19
DING PHYSICIV or attending p After this certi se os the burial- colth and Mento marked or Item	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STATE
OR ATTEN Shaspital OIRECTOR ched for us Dept. of Hem 21 is		220-I certify that (I) (this haspite saw the deceased alive on above, (I) (we) (did) (fild not 22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF 12/0, 9/2
HOSPIT Brined by FUNER Pould be the St PORTAN	Ī	22d PHYSICIAN'S NAME (TYPE OR	PRINT)  Bedon M.D.   22e. ADDRESS   YORK. Rd
PP	23a.	BURIAL PREMATION, REMOVAL ISPECIFOR PLAN	236. DATE / 231 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY MISTATE
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR) NAME VAHS TUHERAL	Chapel 8800 HARTOR DEC 3 0 1980

FOR - STATE

REGISTRAR

Peregoy Mr. Joshua D. Ensor, Woodbine, Md. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DRIVETOWSON Burial Sparks Md. 12-31-80 Bosley's Cemetery 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/B0 (VRA 15, 4) Eline Funeral Home, Hampstead, Md. 21074

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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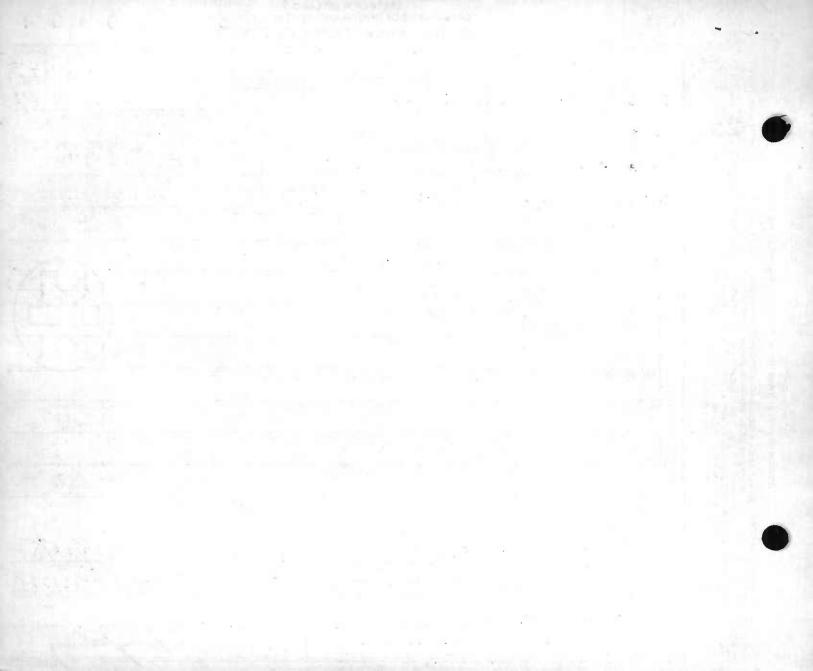
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			FOR	C			AARYLAND I AND MENTAL HY	GIENE ()	3 0	386	ŀ
			STATE REGISTRAR			NER'S	CERTIFICATE OF	REC	G. NO.	0 0	
	5		E OR PRINT)	RUTH	MIDDLE N.	- 1	LAST GLASNER	20. DATE KNOW! OF ESTI-		DAY YEAR 2b. H	DUR 25
	LEASE TOPE DURS NEET	3. SE)	1 RACE	5. DATE OF BIRTH	6. AGE (IN)		JDER 1 YR. IF UNDER 24	DEATH MATED HRS. 2c. DATE	MONTH	DAY YEAR 2d. H	O M OUR
	130 22	F	EMALE WHITE	AUG. 7,	1915 65	YRS.	HS DAYS HOURS A	PRONOUNCED DEAD	12	25,080 4	2 3 M
-	规能力广	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH		1.0	IEDXXXNEVER MARRIED	9. BALTIMORE CI	_		
	15		ENNSYLVANIA	USA	PITAL, NURSING HOA	WIDOW		BALTIM	ORE COU		MD
	DELAY IS TO THE I PAGE BE FILED	R	ANDALLSTOWN	BALTIMO	RE COUNTY	GEN.		FOR MOST OF WORKING HER HOUSEWIF	E	AT HOME	,
21201	ANY E AND 3 RETAIN HOULD RECORE	13a. S	L RESIDENCE (IF IN NURSING HOME O FATE 13b. COUN' BALT	ſΥ	RANDALLST		AES (14 FIMILES)	3832 DANBRO	OOK RD.	#21133	
MD.	PM 3 PM 3 VD 2 S	14. FA	THER'S NAME ABRAHAM	MIDDLE	LAST NIL	VA	15. MOTHER'S MAIDEN FIRST TILL	NAME MIDDLE	OB	BERFIELD	
BALTIMORE,	UTED WITHIN 24 HOURS AFTE IN PENCIL IN ITEM 18, GIVE P. EXAMINER ALONG WITH FOR RAL: RANSIT PERMIT, PAGES J. MENTAL HYGIENE, DIVISION OR REMOVAL.	(YI	(AS DECEASED EVER IN U.S., ARA S. NO, OR UNKNOWN) (IF YES, GIVE V	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR 471-05-6			R. LEWIS GLA		OWN, MD 211	.33
N ST., B/			18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT	y one cause per line BY: E CAUSE (o)	for(o), (b), and (c).)	10				APPROXIMATE INTERVIBETIVEEN ONSET AND DI	AL
RESTO			Conditions, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF					
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,			gove rise to immediate couse (a) stating the underlying couse last.	DUE TO, OR	as a consequence	OF			- 37 Y	JET 8	
CORDS,	BE E VDIN AEDIC AS A VLTH MATIC	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS (	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	MINAL DISEAS	E OR CONDITION GIVEN IN PART 1	(c).			
AL RE		ICAT	196. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			20. AUTOPSY?	
VIT		ERTIF	21a EXTERNAL CAUSE WAS	21b. TIME OF	INIURY	121c H	OW INJURY OCCURRED	ENTED NATIONE OF INHIBY IN ITE	AN 18 DARY 1 OR PARI	YES NO	
ONO	SHOOT S	MEDICAL CERTIFICATION	UNDERLYING OR		MONTH DAY YEA	AR .					
DIVISION	E. THIS CERTING IE, WRITING PAGE 3 SH STATE DEPARTOR 21201 PRIOR	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TOWN	COUP	NTY ST	ATE
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STABALTMORE, MARYLAND, 212		22a I certify that I took charge death resulted from: Natur			Autop uicide		Undetermined manner	and in my opi	nian	
	CAL EXA THE CER SHOULD RAL DIR RE, MARY		ACTUAL SIGNATURE	Man	211 1		D. Papus 4	_MEDICAL EXAMINER	DATE SIGNED	1725/8	0
	O MEDIC XECUTE T AGE 4 S O FUNER VETER DEA	-	EXAMINER'S NAME (TYPE OR PRINT)	Nolli	Am Som	E	ADDRESS 555	0 BAFF61	VAT'L	Pike 2122	8
		23c. B(	JRIAL, CREMATION, REMOVAL 2 PECIFY) BURIAL	12/28/80	23c. NAME OF C			23d. LOCATION CITY OR TOWN	COUNT		
	BP	24. FU	INIEDAL DIDECTOR		& BROS.,		PARK 256. DATE REC		STRAFSSI	LTO MD	
	(VR A15 ME (5)) 30M 7/73		6010 REISTERSTO	WN RD DA	UTO MD	212	DEC DEC	31 1980 /	mospray /	Metrody	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 28 DATE OF DEATH MONTH . DECEASED NAME December 15, 1980 FRANCES K. **GOMERINGER** 12:18 M 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3. SEX Female "Sept. 24 1889 White Ta. BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED NOVELED Baltimore. Md. IISA Baltimore County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR HOUSEWAR POST OF WORKING LIFE) Rossville 21237 "Frysykigh Gares Absolital INDISTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

136. STATE

AT YLAND

139. CBAILTIMOTE

130. CESSEX 21.221 134 GEY OR TOWN 27 227 136. INSIDE CITY LIMITS? 130.21BEEPADDRESS Ave.

136. COUNTY timore 14 FATHER'S NAME

Dento

FOR

CERTIFICATION

MEDICAL

38 Hea

15 MOTHER'S MAIDEN NAME Amna Goldbeck

NO

1212 Chesco Ave 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? NES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217 03 0100D Anna Marie Kroenung, DaughterBalto 21237

LAST

18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y one couse per line for (o), (b), ond (c).)  D BY: E CAUSE (o) Cardic—respiratory Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4275 Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(5

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	2
116 INJURY OCCURRED	21e. PLACE OF INJURY		21

Herme

NOF YES [ TO HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) L LOCATION

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

NOT WHILE (this hospital) attended the sow the peceosed alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated (we) (did) (did not) view the bo DEGREE 224 DATE SIGNED

27 PHYSICIAN'S NAME (TYPE THE

FR Charles

190. DATE OF OPERATION

22e. ADDRESS

ATTENDING

CITY OF TOWN

STAFF

5317 Belair Road

23d LOCATION 23c NAME OF CEMETERY OR CREMATORY Holv Redeemer Cemetery

Bartamore, Md. COUNTY

STATE

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

should be deta with the State L

MPORTANT:

230. BURIAL, CREMATION, REMOVAL 12718/80

Funera.

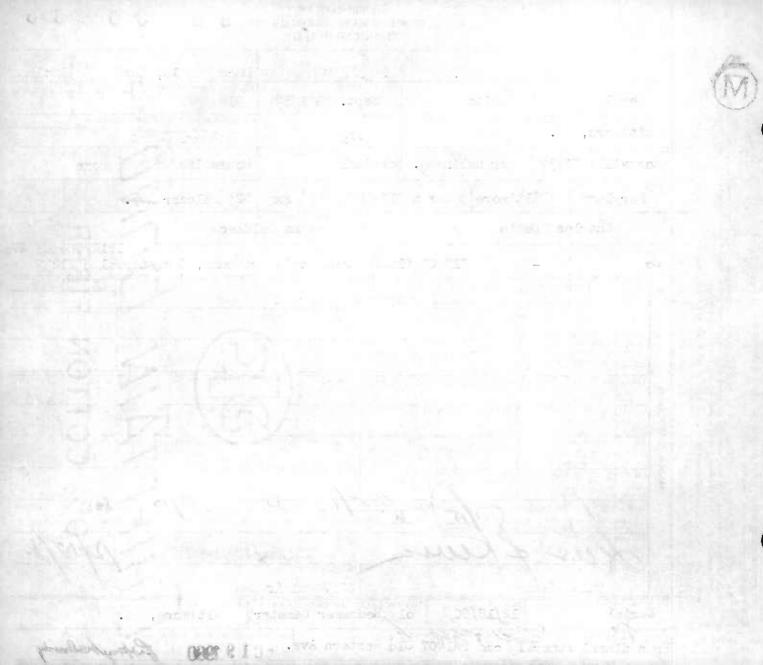
Luis Rivera

PAILOTS Old Eastern Ave.

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?



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-	24
/ BA	E)
13A	97
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filled in by the funeral director, page 3 outd be filed within 72 hours after death

attending physicia

ar other traumatic

d Mental Hygiene prior to burial,

should be detached for use as with the State Dept. af Health

MPORTANT: If Item 21 is

or Hern 18 shows

certificate has

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

G. NO.
17, 1980 12:35a
ST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
MONTHS DAYS HOURS MIN.
YRS.
re County
PATION 12b. KIND OF BUSINESS OR
ost of working life) INDUSTRY U.S. Govt.
REEN COURT 21236
LE LAST
Perry Hall, Md.
Delgreen Ct 21236
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  On,
ture
ONDITION GIVEN IN PART 1(0)
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
INJURY IN ITEM 18 PART I OR PART 2)
DR TOWN COUNTY STATE
DR TOWN  Der 17, 19  ne date and hour on

TO FUNERAL DIRECTOR: O HOSPITAL OR BP.

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL Dec

22b. SIGNATUR

24 FUNERAL DIRECTOR

23b. DATE

Hattie Faison

Funeral Homes, inc.

Baltimore, Md

22e. ADDRESS

ATTENDING PHYSICIAN

DEGREE

22c. DATE SIGNED

9000 Franklin Square Drive 21237

MEDICAL STAFF

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN

Baltimore, Maryland Moreland Memorial 250. DATE REC'D. BY REGISTRAR 256. RECISTRAR'S SIGNATURE ADDRESS 7110 Belair Road

DHMH-16 30M 2/80

wesville a Makinik Shiek Nestina Drefteran U.S. Geva. ACCAS THURSDERGER COUNTY 21226 nonce institution AFC 15 TOTAL TO THE POINT SOURCE STORY OF THE PARTY OF TH

designed, and or see the comment of the collection, designed, designed, designed, designed, designed, designed, Super Funeral Homes, Inc. 1119 Result Rose

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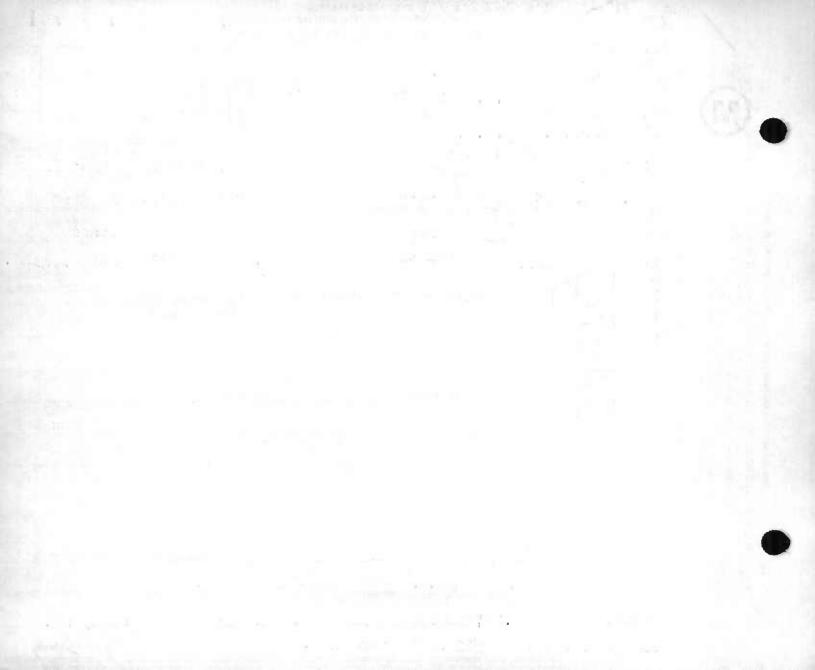
	1.	FOR - STATE REGISTRAR	DEPA	RTMENT OF	E OF MARYLAND SEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	3	0 3	8 8
		CEASED NAME FIRST SARAH	MIDDLE		OODMAN	26. DATE OF DEATH MODECEMBE			9:10 P
nce.	3 SE	× FEMALE	4 RACE WHITE	MONT	DE BIRTH  DAY  EMBER 15, 1890	6 AGE (IN YEARS LAST BIRTHDA 90	_	UNDER I YEAR	IF UNDER 24 HRS
The date	(	POLAND	76 CITIZEN OF WHAT COUNT USA	RY? 8 MARRIE WIDOW	D NEVER MARRIED	PALTIMORE CITY OR C			MD
Of the mo	F	BALTIMORE	11. NAME OF HOSPITAL, NUI (# NOT IN SUCH FACILITY, GIVE ST JEWISH CON	VALESCE		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W) HOUSEWI	ORKING LIFE)	IZE KIND O INDUSTRY AT H	IOME
Tiger m	13a :	AL RESIDENCE (# NURSING HOME OR STATE 136 COUN MARYLAND BAL	TY 13c CITY OR T	OWN	134 INSIDE CITY LIMITS? YES NO XX	130. STREET ADDRESS 2508 HAL C	IR.	#212	:09
Scal exa	14. F/	ATHER'S NAME FIRST SAMUEL	SCHNI'	ΓZER	15. MOTHER'S MAIDEN NA/ FIRST	ME UN KNOWN		LAS	T
t, the med	16a V	VAS DECEASED EVER IN U.S. AR/ yes, no or unknown) (# yes, give NO	WAR OR DATES)	5-8943		S. FAYE ALBER'S., BALTO., M	_	21208	MATE INYERVAL DNSET AND DEATH
any injury, or other traun	NOI	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  ONDITIONS CONTRIBUTING	OUENCE OF		INAL DISEASE OR CONDIT	ON GIVEN	V-Co	
8 shows	CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED			VERE FINDING CAUSES	
narked or Item 1	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTHY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		DAY YEAR 19 FICE, FARM, ETC.)	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART	OR PART 2)	STATE
ANT: If Item 21 is		270-1 certify that (1) (this haspit saw the deceased almoon above 1) we redid did so 27b. Signature	view the body after death.	980	DEGREE  ATTENDING PHYSICIAN  120 ADDRESS				
IMPORT/	73a	HARRY WALEN	, M.D.	731 NAME OF	10807 FA	736 LOCATION	ALTO.		
		SPEC#Y) BURIAL	12/17/80	KNESSE'	TH ISRAEL ANSH		MORE	MAI	STATE RYLAND
5M 1/79		NAME SOL L	EVINSON & BROS	., INC.	DE	C 24 1980	Birth.	MINE	ready

Steel and part - had to be the TO CO RESPECTIVE AS DO



12.10.80 Against Coard Balto., Md.

/		FOR STATE REGISTRAR		lm G522 2 M	DEPART	MENT OF	HEALTH	AND M	ENTALH			REG. N	3 0	3	9	1
₩ œ ∞ & E		CEASED NAME PE OR PRINT)	JOSEI		MIDDLE H.			RACE			20. DATE OF	KNOWN ESTI-		0.31	YEAR 19 80	2b. H
PLEASE FIGURES BOURS	3. SE	ile 4	RACE white	5. DATE OF BIRTI	Н	6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER		2c. DATE PRONOUN DEAD	VCED.	MONTH 12	DAY	19 80 YEAR	2,0
(A)	7a. B	RTHPLACE (STA DREIGN COUNTRY) Shingt	TE OR	76. CITIZEN OF V	WHAT COUN		8		EVER MARRI DIVORCI	ED J	9. BALTIM	ORE CITY Balti	OR COUN	ITY OF D	EATH	
PAGE 5 BE FILED. SS, 201 W	10 C	21234	F DEATH	2614 W	FACILITY, GIVE ST	er Rd.	, OR OTH			12a USU	AL OCCU	PATION (TO KING LIFE) PETSO	PE OF WORK	112b. KIN	D OF BU	ISINE RY
SHOULD FECORE	130 5	MD.	Bal	or other institution, ity. timore	13c. CITY	BEFORE ADMISSE OR TOWN 1234	ON)	13d. INSIDE	(ITY LIMITS? NO 🛣	13° STRE	3 Co	ss llin	sdal	e R	oad	
\$ 30 \$ 30	J	oseph		WIDDLE	Gr	ace		Ro	er's maide first sina			IDOLE	C	asc		
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CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 SUBD AS A BURIAL - TRANSIT PERMIT. PAGE 1 AND 2 SHOUD BE FILED. OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W JRIAL, CREMATION, OR REMOVAL.	NO	gove rise cause (a) st lying cause		(b)		TEO TO THE TERM	INAL OISEASI			T 1 (a).	naqua.					
NTOF HEAL	CERTIFICATION	19a. DATE OF O			DITION FOR V	oscler WHICH OPER	ATION W	AS PERFOR	RMED?					Y	UTOPSY?	? NC
EDEPARTMENT OF HEL	MEDICAL CE	21d INHERY OC	OR CAUSE OF C	DEATH PLACE	M. MONTH M. OF INJURY	19 (AT HOME,	21f. LO	CATION	OCCURRE	) (ENTER N	ATURE OF INJ	URY IN ITEM 1	BPART I OR P.	ART 2)		
12	¥	WHILE AT WORK			ACTORY, FARM, ET			TREET			CITY OR TO	WN .	CC	YIAUC		S
AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		death resulted  ACTUAL SIGNATURE		ral couses X,	Accident		Autop:	Homio	Inspection cide	Undete	Inquiry rmined mo	inner 🗌	nd in my o , DATE SIGN		-25-8	30
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<b>6</b> 0	(	URIAL, CREMATIC SPECIFY) Burial UNERAL DIRECTO	I	Dec . 27!		ANEYV				Bal	CATION PRIOWN timo	re		ntv		ATE
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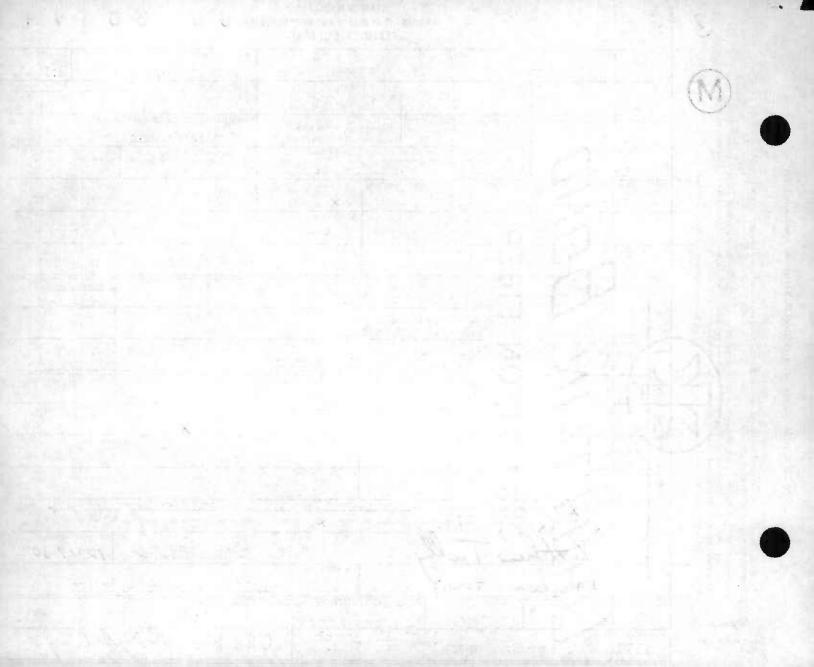
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be 3		ECEASED NAME FIRST		ary	Green		20. DATE OF DEATH	-7-80	YEAR 2	12:58
OE P	3. SE	X	4. RACE	111143	S. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BI	RTHDAY) IF UN		F UNDER 24 HRS
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PRESTON ST he death cert he attending p emove carbon mation, ar ren		Conditions, if any, which	h ( 1b)	Liady.	ACE OF PLEZA				4wh	9
W at the cree		gave rise to immediat cause (a), stating th underlying cause las	DUE TO, OR A	AS A CONSEQUE	alley Jin	al con	& Alson		30-	35 Apry.
equires the signed by Then pleaser to burial, injury, and	N O	PART 2 OTHER SIGNIFICA	/	TRIBUTING TO D	EATH BUT NOT RELATED	TO THE TERM	INAL DISPASE OR COM	NDITION GIVEN IN	V PART 1(0)	
he law in has been to permit.	CERTIFICATION	190. DATE OF OPERATION	5	on for which o	PERATION WAS PERFO	MED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES O	S USED F DEATH?
OF VIII.	0.355	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C	F DEATH HOUR A.M.	MONTH DA	Y YEAR	JURY OCCURE	RED (ENTER NATURE OF INJU	URY IN ITEM 18, PART 1 (	OR PART 2)	
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2		Burial, cremation, remo (specify) B <b>urial</b>	23b. DATE 12/10/		AME OF CEMETERY OR C		Parkvil	le Bai	ltimo	re Md.
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		FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE O U	<b>)</b>	US	7
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16	(TYPE	ORPRINT	Welto	n	A	GR	EEN	December 2	4. 1980		5:35 F
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		RTHPLACE ISTATE OR	FOREIGN 76		WHAT COUNTRY?	1		BALTIMORE CITY O		DEATH	
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it. Then	ATION	PART 2 OTHER SIG					NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	120b. IF YES, W		
ermit. Then	IFICATION							20g AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED OF DEATH?
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	AL CERTIFICATION	198 DATE OF OPERA	ATION  ADERLYING   CAUSE OF DEATH	196 COND	ITION FOR WHICH OF INJURY M. MONTH D,	OPERATIO		200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERÉ FINDIN IG CAUSES	GS USED OF DEATH?
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DESCRIPTION OF THE PROPERTY. Plays / Creenberg The state of the s

	FOR STATE REGISTRAR			DEPARTA		FICATE OF DEATH	REG. NO.	0 3	98
	1. DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
		Edit	h F	luth	Gri	ffith	December 20 198	30	3:25A A
	Female		4 RACE White		Janu	of Birth ary 21,1910	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	THUNDER 24 HRS
5	70. BIRTHPLACE (STATE O VIrginia	r foreign	75 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY  Baltimore Cour		WE
8	10. CITY OR TOWN OF DI		(IF NOT IN SU	Joseph I	ADDRESS) Hospi	Tal	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF  HOMEMAKET	126. KIND OI	F BUSINESS OR
5	USUAL RESIDENCE (# NU 130 STATE  Maryland	13b. COU		GIVE RESIDENCE BEFORE 130. CITY OR TOW Rodgers I	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 241 Rodgers Fo	orge Rd.	
30	14. FATHER'S NAME FIRST William Os	car S	middle tran	LAST		15. MOTHER'S MAIDEN NA FIRST Jean Hami		LAST	
	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Myrtle S. Tay	ylor Same		
	18 CAUSE OF DEA PART I. DEATH	WAS CAUSE		Prec		nie.		BETWEEN O	MATE INTERVAL
	Canditions, if an	y, which	DUE TO, C	R AS A CONSEQUE	LA LL	uer's le	elino	12-1	540

gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (o), stating underlying cause

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING \_\_\_ CAUSE OF DEATH P.M. 19

21s. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) YEAR

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

211. LOCATION

CITY OR TOWN

and that in (my)-(our) opinion death occurred an the date and hour and fram the causes stated

NOF

200 AUTOPSY?

COUNTY

STATE

NO F

saw the deceased olive an

NOT WHILE

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

190 DATE OF OPERATION

21d. INJURY OCCURRED

23b. DATE

220.1 certify that (I) (the hospital) attended the deceased from saw the deceased alive an 12-20

22e ADDRESS

DHMH-16 30M 2/80 (VRA 15, 4)

should be detoched for with the State Dept. of

Health and Mental Hygiene prior to b

MPORTANT: If Hem 21 is morked or Hem 18 shows

CERTIFICATION

Burial

23c NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION

COUNTY

STATE

24. FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Mitchell-Wiedefeld Home, Inc.

Baltimore, Md.

The second secon To the state of th made may: 1901 - 1901 - 20.00 1 - M sem small Miles the latest terms, because the interest, the table of t

6	1	FOR - STATE REGISTRAR		DEPAI	RTMENT OF H	OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE 8 0	0.	3 0 3	9 9
		CEASED NAME FIRST		MIDDLE	The second	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
-		ELIZA	BETH	S.	GRO	GAN			12	13 80	12:40PM
BA	SE	x	4 RACE		5. DATE C		YEAR	6. AGE JIN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	1	FEMALE	WHI	TE	09	15	04		6 YRS.		HOURS MIN
5, 1	7e. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	7h CITIZEN OF	WHAT COUNTR	Y? I	X NEVER	MARRIED [	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
35		MARYLAND	U.S	.A.	WIDOWE		NORCED	BALTIMO	RE CO	UNTY	MD
0(20		NGLISH CONSUL		HOSPITAL, NUR ICH FACILITY, GIVE STR ANNA POI	REET ADDRESS)		TITUTION	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEMAKE	F WORKING L	IZE. KIND O	F BUSINESS OR
-	USU	AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION	N, GIVE RESIDENCE BE	FORE ADMISSION						
KL		1.50	TIMORE	ENGLIS		YES T	NO K	3601 ANNA	POLTS	ROAD C	21227
_	-	ATHER'S NAME		(	CONSUL		S MAIDEN NAM		LOBID	ROLLD, 2	-1661
120		WILLIAM	MIDDLE	FRANCE	7	,	MARY	MIDDLE		ECI.	KELS
-		WAS DECEASED EVER IN U.S.	ARMED FORCES?		_	17 INFORMA		ADDR	SS	EGI	CELID
	'		GIVE WAR OR DATES)	218-22	7726	HENDV	B CDO	GAN 3601 AN	NIA POT	TC DOAD	21227
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18 show	CERTIFICATION				Ch OPERATIO			YES NO	IN CERT	FYING CAUSES ES []	OF DEATH?
7		218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	OF INJURY A.M. MONTH	DAY YEAR	21¢ HOW IN	NJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE JAT HOME, S	OF INJURY TREET, FACTORY, OFFI	CE, FARM, ETC.)	21f LOCATION STREET	ON	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on DE		20.	d that in (my)		leath occurred on the d	ote and ha		that (I) (we) lost causes stated
ANT: II Item		22b. SIGNATURE	K Uha	Asye	i -			MEDICAL STA	FF CIAN []	12-16	SIGNED,
		22d PHYSICIAN'S NAME (TY		M D		22e ADDRES		COUL AND ON	DIGAT	OHMES	
1	224	ASHOK K. CH			It. NAME OF C		<del></del>	GHLANDS ME	DICAL	CENTER	
	230.	SPECIFY)						CITY OR TOWN		COUNTY	STATE
	24 5	BURIAL UNERAL DIRECTOR	12-17	-80	LAKE	VIEW MI		SYKESVIL REC'D. BY REGISTRAR			MD.
M		NAME		ADDRESS		21229	SI DAIS	EC 17 1980	I JE. KEG	1	Crede
79	H	JBBARD FUNERAL	HOME, I	NC. 4107	WILKE	NS AVE	U	[ T 1 120		-	

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FOR - STATE

REGISTRAR

L DECEASED NAME

DHMH-16 30M 2/80

(VRA 15, 4)

Rehling ADDRESS SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART HO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 230. BURIAL CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial Balto. 1-3-81 Parkwood Cem. Balto. Md. 250 DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SISNA RE Leonard J Ruck Inc. 5305 Harford Rd 21214 198

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

1:16

176 KIND OF BUSINESS OR

Election Board

IETINDER 24 MRS

IF UNDER 1 YEAR

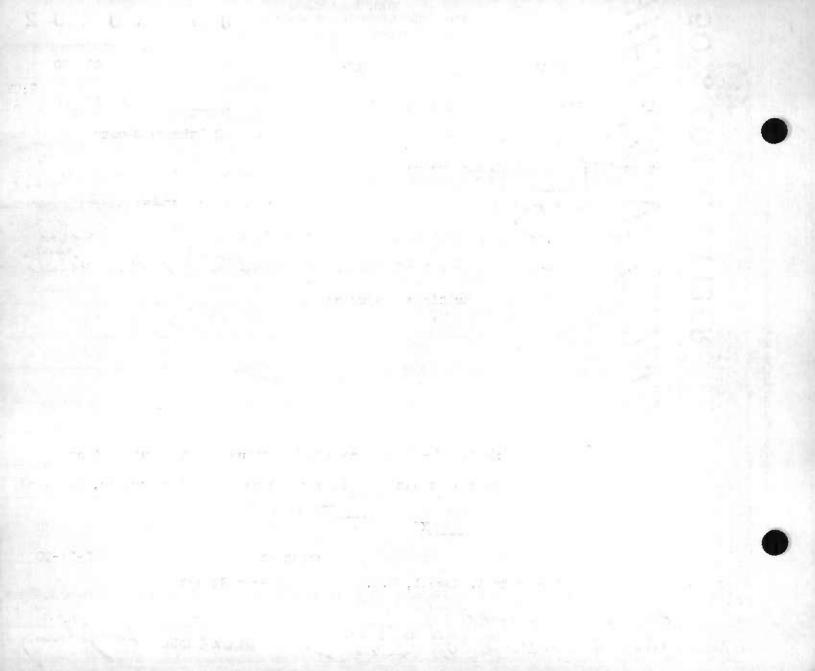
INDUSTRY

20. DATE OF DEATH MONTH

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STATE OF MARYLAND	0 100
1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 4 0 2
REG. NO.	ONTH DAY YEAR 26 HOUR
OF ESTI-	
/ IMOMIN	141
MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	7:02
The latest of th	
FOREIGN COLONIAN   MARRIED   NEVER MARRIED   Baltimore Colonian   Michael   Michael   Baltimore Colonian   Michael   Michael   Michael   Baltimore Colonian   Michael   Michael	um tray
ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF W	VORK 126 KIND OF BUSINESS
Catonsville Wilkens Avenue	OR INDUSTRY
JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	121229
Just 136 COUNTY BOOK CO. 136 CITY OR TOWN 134 MINE CITY LIMITS 100 STREET ADDRESS VES 11 NO 12 4406 A	alan Dune
14. FATHER'S NAME FIRST MODE LAST	D 1457 A
Tearl 6. Hagan morgant To	Clair
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  ADDRESS	Drine 124
No - 28- 4926 May Cornelita Myd-36	4) Clareneel
IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) Multiple injuries	
Conditions, if any, which	
gove rise to immediate (b)	
couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).	
196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	YES NO
196 DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  216. TIME OF INJURY  HOUR A.M. MONIH DAY YEAR  100 PART 1  100	
	mobiles
UNDERTRIBUTING CAUSE OF DEATH 6:55PM 12-20 19 80 pedestrian struck by two autor	# GOUNTY # 4 STATE
WHILE NOT WHILE IN THE STREET FACTORY FARM ETC. WILKENS Avenue CITY OR TO CATONSVI	11e, Maryland
	my opinion
death resulted from: Natural causes , Accident XX, Suicide , Hamicide , Undetermined manner ,	
A D A TITLE (SPECIFY)	
SIGNATURE MODELLA SIGNATURE SIGNATURE SIGNATURE SIGNATURE	IGNED 12-21-80
EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street	
(TYPE OR PRINT) MATGATILA A. KOTELL, M.D. ADDRESS III FEITH STEEL	
230. BURIAL CREMATION, REMOVAL 236. DATE 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF JOHN	COUNTY STATE
24 HUNERAL DIRECTOR)  1250. DATE REC'D, ST REGISTRAR LISA REGISTRAR LISA REGISTRAR	AR'S SIGNATURE
74. AUNERAL DIRECTOR OF REGISTRAR 150 REGIST	while section is
1 CINTO SOIN CINC. 701 STEELING IN.	/



		FOR STATE REGISTRAR	ME	DEPARTMENT	OF HEALTI	MARYLAND HAND MENTAL H CERTIFICATE O	F DEATH	<b>3</b> 0	) 45 (	3
	{TYP	CEASED NAME FIRST		John		NES	DEATH MA	TED 12	1019 8	30
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S FOR WITH	FO	RTHPLACE (STATE OR REIGN COUNTRY)  Maryland		.A.	WIDOV		Baltin	city or coun	nty	MD
56		Towson	Greater	SPITAL, NURSING P ACILITY, GIVE STREET ADD Balto. Me	edical		120 USUAL OCCUPATE FOR MOST OF WORKING None	)N (TYPE OF WORK .IFE)	OR INDL	BUSINESS JSTRY
5	13e. S	Md. Balte	INTY	13c. CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES NO K	320 Cherr	y Hill F	Road	
SC.		THER'S NAME FIRST William M	*	<b>Naines</b>		15 MOTHER'S MAIDE FIRST Cynthi	a Susa		Grant	
1		VAS DECEASED EVER IN U.S. A ES, NO. OR UNKNOWN) NO	RMED FORCES? VE WAR OR DATES)	None		William M	L. naines	320° Cher Reisters		1 Road
OF HEALTH AND MENTAL HYGIENE, D JRIAL, CREMATION, OR REMOVAL.	NOI	Conditions, if any, which gove rise to immedia couse (o) stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITION	(b)	R AS A CONSEQUE	NCE OF	SE OR CONDITION GIVEN IN PAR	XT 1 (a).			
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LAND, 21201 PRIOR TO BURIAL, CR	MEDICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O 21d. INJURY OCCURRED NOT WHILE AT WORK	F DEATH P.A	M. MONTH DAY	YEAR 9 ME, 21f. LC	OW INJURY OCCURRED  OCATION  STREET	D (ENTER NATURE OF HUJURY II		OUNTY	STATE
E, MARIDINE, Z		22a   certify that I took cho deoth resulted from: Not ACTUAL SIGNATURE	tural couses X,	Accident Accident	an Autop Suicide	osy Inspection   Homicide   TITLE (SPECIFY)   A.D. Assistant	Undetermined monne		pinion IED12-11-	-80
TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	_	(THE ORTRING)		n, M.D.		ADDRESS	ll Penn St.			
( 90	(5	PEUTIAL  PEUTIAL	Dec. 13,	1980 Pro	r CEMETERY C vidence	Cemetery	Gamber,	No intrans.	Sec. L.	STATE
AH - 17 5 ME (5))	24 FI	JAME TO Selle	with own	ngs Mills	, Md.	25010 418 5	EQ'D Y KOUTRAR W	N. RECISTRARS	SIGNATURE	

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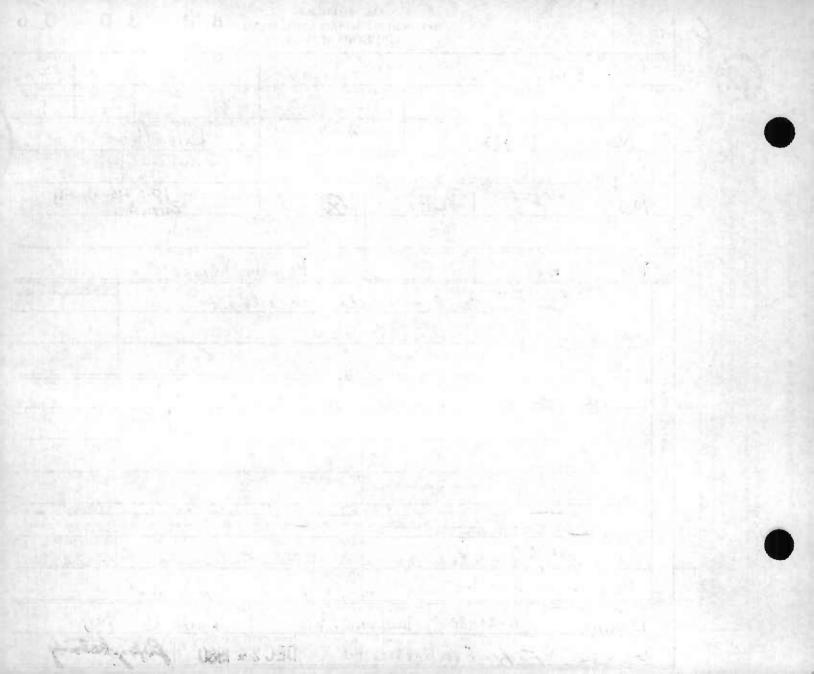
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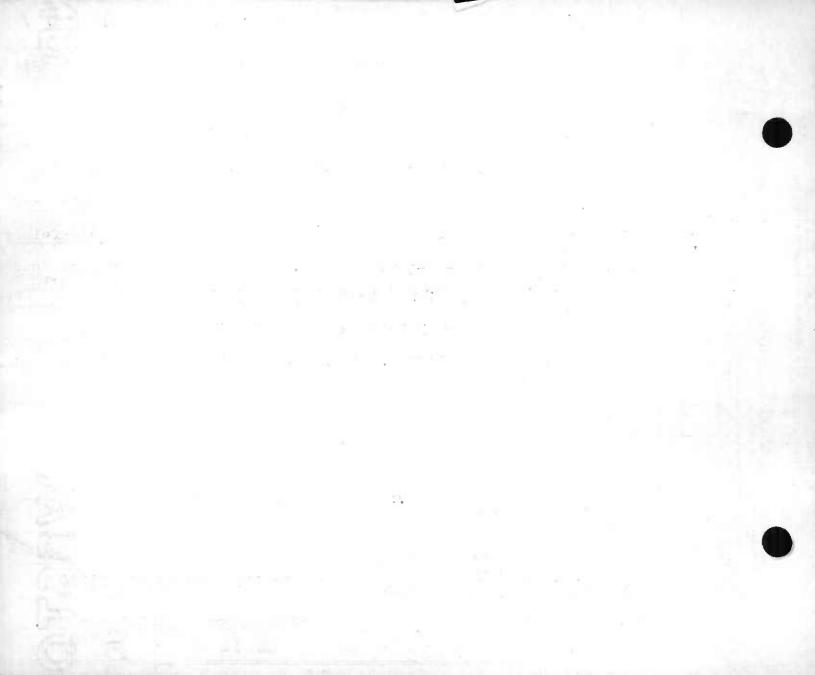
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6			REGISTRAR		CERTIFICATE OF DEATH REG. NO.									
63			CEASED NAME FIRST		MIDDLE	LAST		MONTH DAY YEAR	2b. HOUR					
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s of to	. 12	3. SE	M	4. RACE	5. DATE (	DF BIRTH  DAY  YEAR  91	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS	IF UNDER 24 HRS					
rol dire	250	70. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH						
her deo	3	10 C	TY OR TOWN OF DEATH	US 14	HOSPITAL, NURSING HOME		12a USUAL OCCUPATIO	O LO.	OF BUSINESS OR					
rs off by th	070	-	Towson	Valley	NUTSING 1 CON	valescent Con	TYPE OF WORK FOR MOST OF							
n 24 hou filled in nould be	35		AL RESIDENCE (IF NURS ID TO THE DESTATE OF THE DEST		131. GIDY ORITOWN	13d. INSTEE CITY LIMITS	? 13e. STREET ADDRESS	1540 Waverly	Way					
completely	Comine	14. FA	ATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN		LA						
n ond co	Z medicol	16a V	VAS DECEASED EVER IN U.S. A (EVO OR UNKNOWN) (IF YES. C	IVE WAR OR DATES	166. SOCIAL SECURITY NO.	17. INFORMANT	LY RUCOKD							
ificate to physicia noopers	event, the		& CAUSE OF DEATH (Enter		line far (o), (b), and (c).)	1 0			ONSET AND DEATH					
ertific ng phy son po	even	o	PART I. DEATH WAS CAUS	ATE CAUSE (a)	erelyovace	ila acc	ident							
endin corb n, or	mofic	19	4360	DUE TO, O	R AS A CONSEQUENCE									
e offi	troo		Conditions, if ony, which gove rise to immediate	(b)_	Hyperre	nsion								
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rather this certificate be executed within 24 hours that this certification.  On the bound intensity been signed by the attending physician and completely filled in by as the burnal trainsit permit. Then please remove corbon papers. Pages 1 and 2 should be filled in and Mental Hygiene prior to burial, cremotion, or removal.	or other		cause (a), stating the underlying couse lost.	DUE TO, O	R AS A COMSEQUENCE OF									
equires n signe Then pl	injury, c	NO	PART 2. OTHER SIGNIFICANT	GONDITIONS	2 11 10 fate	NOT RELATED TO THE TE	Aca	ITION GIVEN IN PART 1	a)					
ne tow re on. hos been permit.	Shows only	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO		200 AUTOPSY?	20b. IF YES, WERE FIND II IN CERTIFYING CAUSES YES	NGS USED S OF DEATH?					
SICIAN: The paysicion of physicion certificate his ricol-transit perital Hygier	8 0		210. ACCIDENT WAS UNDERLYING		DF INJURY .M. MONTH DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY							
PHYSICIAN: ending phys this certifico te buriol tron	or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.	M. 19	AN LOCATION								
ING PHY r oftendi	morked or	MED	WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	OUNTY COUNTY	STATE					
	is mor	- 13	22a.1 certify that (I) (the hos			-/7 19 8	O , to 12-20	19 80	that (1) (wa) los					
Spirts CTO CTO I for	21		sow the deceased olive of above, (I) (we) (did) (did)	nat) view the body	7 0 0	nd that in (my) (auch opini	ion death occurred an the dat	e and hour and from the	couses stated					
0 0 0 0 0	If hem		226. SIGNATURE	V.	7	DEGREE ATTENDING	G MEDICAL STAFF	22c. DATE	SIGNED					
TALL by the ERAL e det			22d PHYSICIAN'S NAME (TYPE	OF PRINTI	lleuseur,	PHYSICIAN 220. ADDRESS	DIRECTOR   PHYSICI	AN D 2-2	12-80					
TO HOSPIT etoined by TO FUNER should be ownth the Str	MPORTANT		MARION C	· Kows	ALE WKIND		ARFURD	Kel.						
7 < ØBP	_		URIAL GREMATION, REMOVA SPECIAL  BURIAL	23b. DATE 12-23		EMETERY OR CREMATOR	RY > 23d. LOCATION CITY OF TOWN ON TO	Co coupy	STATE					
DHMH-16 30M 2/80 (VRA 15, 4)		24. FU	INIERAL DIRECTOR	F.H.	8806 NA KFIRE	(G) DE	C 2 4 1980	Lifty Stell	oure go					
	1	_							- #					

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8



	۱.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 8 0	3	0 4	107	
١.		CEASED NAME FIRST ORPRINT	MIDDLE		AST NZLIK	DE CEMBER		980	1:25A	
	3. SE	`emale	White	5. DATE C		6. AGE (IN YEARS LAST BIRT	YRS.		HOURS MIN.	
31	N	RTHPLACE ISTATE OR FOREIGN OUNTRY   Iaryland	76 CITIZEN OF WHAT COUNTRY?	MARRIE		BALTIMORE CITY O			MD.	
58		TOWS ON	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ST. JOSEPH HOSPITAL			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife Homemaki:				
and S.	13a S Ma	ryland Balt	inter institution, give residence before 13c. City or tow Roseda	/N	134 INSIDE CITY LIMITS? YES NO 🏗	13. STREET ADDRESS 8217 01d	Philad	elph	ia Road	
35		William	Marti		IS MOTHER'S MAIDEN NAV	MIDDLE		Lang	enfelde	
event, the medical		VAS DECEASED EVER IN U.S. AR res, no or unknown] No	MED FORCES? 166 SOCIAL SECTION SOCIA		Louis A. Ha	anzlik 30			eck Road	
injury, ar ather traumatic	NOI	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF THE PATOM AND	6MAT (	SIS NATURE	UNKNOWN		N PART 1(o	0	
18 shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	RE FINDIN CAUSES	IGS USED OF DEATH? NO	
morked or hem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP (IF ETHER, NOTHY MEDICAL EXAMINER) 214. INJURY OCCURRED	HOUR A.M. MONTH D	19	21f. HOW INJURY OCCURR 21f LOCATION STREET	RED (ENTER NATURE OF INJUI		OR PART 2)	STATE	
If hem 21 is	~	saw the deceased alive on	tal) attended the deceased from	12/	nd that in (30) (our) opinion of DEGREE  ATTENDING PHYSICIAN	, to 12/11  death accurred on the d  MEDICAL STA DIRECTOR PHYSIG	FF _			
IMPORTANT		27d PHYSICIAN'S TONSTORES	SORIANO	mro	7620 YORK		SON,MD.	212	204	
≤	230.	BURIAL, CREMATION, REMOVAL SPECIFY 1	1 1 1 1 1 1 1		emetery or crematory awn Cemetery		Balti	more		
20M	24. F	UNERAL DIRECTOR	ON 7 CO ADDRESS	2/100/	1 (LS) 250. DAT	ECT 5 1980	256. REGISTRAR	SIGMA	Crowing	

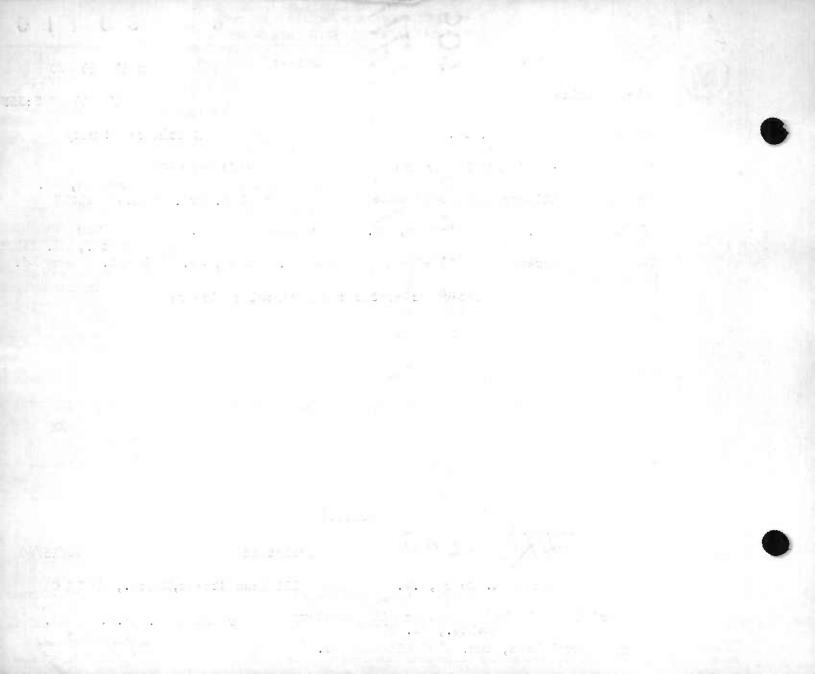


53 1848/12 MM 21/1848 24-18 Constitutions Falto Co Gen May Sithsmith Municipality Sup and Ento Perstudien I lead Made Bell The state of the s

o xl	11-3	FOR STATE REGISTRAR			DEPARTMENT (	F HEALT	MARTLAND H AND MENTAL CERTIFICATE	OF DEAT	H REG.		. 4 (	9
_		EASED NAME	FIRST		MIDDLE		LAST	2a.	DATE KNOWN OF ESTI-	MONTH X	DAY YEAR	2b. HOUR
NAME OF THE PARTY			Henry			Н	arding		DEATH MATED	12	15 1980	м
PETON /	3. SEX	4.	RACE	5. DATE OF BIRTH	6 AGE (	THDAY MON		ER 24 HRS. 2c.	DATE	MONTH	DAY YEAR	2d HOUR
A VOUS		ale	white	14 Apri	196 8	YYRS.	THE DATE HOURS		DEAD		15 1980	9:45
NECESSA FUNERAL 5 FOR Y WITHIN	la BII	REIGN COUNTRY)	OR	76. CITIZEN OF W	HAT COUNTRY?	8. MAR	RIED NEVER MA	RRIED . 9.	BALTIMORE CIT	Y OR COUNTY	OFDEATH	
N PAGE		anuland		11.	S.A.		///	RCED 🗆	Balti	more Co	untv	MD.
SILED VIEW	10. CI	TY OR TOWN OF	DEATH	11, NAME OF HOS	PITAL, NURSING H	OME, OR OT	HER INSTITUTION	12a. USUAI	OCCUPATION	TYPE OF WORK	2b. KIND OF BU OR INDUST	JSINESS RY
ALTER OF		Catonsvi	11e		Long Rd				inmaster	2	B & 0	
F ANY DELAY IS N  2. AND 3 TO THE FU  3. RETAIN PAGE 5  2. SHOULD BE FILED.  AL PECORDS, 201 W	USUA 13a. S1	L RESIDENCE (IF)	NURSING HOME O	ROTHER INSTITUTION, GI	130 CITY OR TOW	NISSION)	I 3d. INSIDE CITY LIMITS					
A FIRE OF	A4	anuland		imane	Catonav		YES NO	_	7 D'Lor	o Road		
A Z S		THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE	0	LAST	
製力な		Charles	Hardin	0	LASI		Alma	obias	Misses			
FORM ON O		AS DECEASED E	VER IN U.S. ARA	MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDR	ESS		
MITH R DIVISIO	, ,,,	IIO A	(11/11)			65.5	Warren	Harding	941 51	rirley 1	Manon 7	d.
50		18 CAUSE OF D	EATH (Enter onl	y one couse per line	for (o), (b), and (c).			4			APPROXIMAT BETWEEN ONSE	E INTERVAL
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ANS ANS REA REA	1		if any, which	(b)								
IN PENCIL EXAMINER IAL - TRANS O MENTAL E		couse (o) sto	ating the under-	< 1.7	AS A CONSEQUEN	CE OF			MALL			34/30
HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 USED AS A BURIAL - TRANSIT PERMIT PAGES I AND 2S OF HEALTH AND MENTAL HYGENE DIVISION OF WITAL RIAL, CREMATION, OR REMOVAL.		lying cause	last.	(c)								77.1
A A B		PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL OISE	ISE OR CONDITION GIVEN IN	PART 1 (0):				
MEDICAL AS A BUI EALTH AN CREMATI	ON											
E E	CERTIFICATION	19a. DATE OF OI	PERATION	196 CONDI	TION FOR WHICH C	PERATION	WAS PERFORMED?				20 AUTOPSY	?
SU PAR	TIFIC										YES 50	NO 🗆
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RWA STAT		22-1	Luc Level choos	e of the remains de	-	5019	[we]		Inquiry .	ond in my api		
SCOTE TO				Al couses .	() ()	Suicid	Homicide	1	nined manner		nian	
EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: WITH THE ARRYLAND		death resulted	111	Treation L	#15	1	TITLE (SPECIFY)		ninea manner L	٠.		
A SECOND		ACTUAL SIGNATURE	1/1/	MARIA	11 Mar	MA	MDDeputy C			DATE	12-16-	-80
ZEX ZEX		SIGNATURE	10	- char		10	m Direpary	MEDIC.	AL EXAMINER	SIGNED	) 12 10	00
TO MEDICAL EXECUTE THE PAGE A SHO TO FUNERAL AFTER DEATH BALTIMORE,		EXAMINER'S NA	The The	mas D. Si	nith. M.D.	4	ADDRESS 11	1 Penn	St.			
TO MUSICAL EXAMINEST IN SURFINGLIS OF SOME PAGE 4 SHOULD BE FORWARDED TO THE CHIEF.  TO FUNERAL DIRECTOR: PAGES SHOULD BE USED AFFIELD BE TO THE CHIEF.  AFFIER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.	23 n B	URIAL CREMATIC				CEMETERY	OR CREMATORY	23d. LOC.				
	(5	PECIFY)	, , KEMOVAL I	10/10/00	/	1 0	1.0	CITY OR	TOWN	COUNT	IY S	TATE
BP	24. FI	Burial UNERAL DIRECTO	OR .	12/18/80	Loud	Long Pa	re Compte	TE REC'D. BY R	GISTRAR 256 R	sastras s	HAZIMECON.	d-
DHMH - 17 R A 15 ME (5) )	-	NAME		Hama 12	28 Sulphu	· Con:	no Pd DE	C171	an Z	intrapt	Bounds	,
15M 2/80	1	mbrose	uneral	Tome 13	20 Sugnu	LJpn	ng Ka.	V - 1 10	00 /	-/		



/	1-	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENES  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
b deta m	1. DE	DECEASED NAME FRST MIDDLE LAST 20. DATE KNOWN OF ESTI-								DAY YEAR 14 10 80	2b. HOUR			
	3. SEX		RACE White	5. DATE OF BIRTH MONTH DAY	6 AGE	IN YEARS IF U RIHDAY) MON YRS.		IF UNDER 24			MONTH 12	14 19 80 14 9 80	2d HOUR 2:35P	
35	FO M	RTHPLACE (STAT REIGN COUNTRY) Laryland		75. CITIZEN OF WH	AT COUNTRY?	WIDO	WED K	VER MARRIED		DRECITY OR CLIMOTE			MD.	
0	I	ty Or town or ansdown	e, Md.	21A Thir	d Avenue	ESS)	Warehouse Man					OR INDUSTRY		
5	13a. S'	aryland	13b. COUN Balti	ROTHER INSTITUTION, GIVE TY more Cnty	134. CITY OR TOW Lansdow	me	YES 🗌	NO 🔀	3e Street Addres 21 A. 3rd			vne, Md 21227	•	
0		John	I	MIDDLE	Harper,		Eve	R'S MAIDEN elyn	C. MIE		C	4144		
	(YE	AS DECEASED E S. NO. OR UNKNOWN YES	(1F YES, GIVE Y	MED FORCES? war or Dates) 'ea  y one couse per line f	166. SOCIAL SECU 212-26-7	966	John		rper, Jr.			D Long	Rd.	
AL, CREMATION, OR REMOVAL.	NC	gove rise couse (o) ste lying cause		(b)	AS A CONSEQUEN  AS A CONSEQUEN  IT NOT RELATED TO THE	CE OF	SE OR CONDITION	N GIVEN IN PART	110					
I PRIOR TO BURIAL, CI	TIFIC	19e. DATE OF O		195 CONDITI	on for which o	PERATION V	VAS PERFOR/	MED?				20 AUTOPSY?		
?	CAL	210. EXTERNAL OUNDERLYING CONTRIBUTING	OR CAUSE OF D		MONTH DAY Y	EAR	OW INJURY	OCCURRED	LENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2	)		
	WE	WHILE TO S	NOT WHILE	STREET, FACTO	RY, FARM, ETC.)		STREET		CITY OR TOW	'n	COUNT	Y	STATE	
		220. I certify to death resulted ACTUAL SIGNATURE		of the remain description of the remain desc	ribed obove, held o	Suicide	, Homici	PEC (EY)	Undetermined mor	nner ,	DATE	12/15	5/80_	
BALTIMORE, MARYL		EXAMINER'S NA (TYPE OR PRINT) JRIAL, CREMATIO	HOT	mez R. Gu			ADDRESS_	<u>111 Pe</u>	nn Street			21201		
	74 FL	Bur:	ial I	12/18/80 Balt	Cedar I	Hill Co	emeter	у	23d. LOCATION CITY OR TOWN  Brookly C'D. BY REGISTRAR	Pk.	A.A.	Md.	ATE	
)	Hu	bbard F	uneral H	Home, Inc.	4107 Wil	lkens 4	Ave.	DEC	1 7 1980		tayl	Kelred	7	



3		FOR STATE	1 g552 2/27/81 g DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 3	0411	
7 5 5		REGISTRAR CEASED NAME FIRST (OR PRINT)	MIDDLE	HARPER	REG. NO.	AY YEAR   26. HOUR   1 80   11:45	
(M)	3. SE	- ULUE	Lesley  RACE B	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN	
deoth. Pog		N.C.	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED X WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	OF DEATH UNTY	
ors offer of the filed with		TOWSON	GREATER BALT	O MEDICAL CTR.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OF INDUSTRY	
hin 24 hou ly filled in shauld be	130.	Md.	Pasade	na   13d. INSIDE CITY LIMITS?	Rt. 14 Box 50	7	
omplete with the with		Garfield	Harper Harper	15 MOTHER'S MAIDEN N FIRST Lonnia	WIDDLE	oritton reben	
Poges medica		VAS DECEASED EVER IN U.S. ARA YES, (16 YES, GIVE	wed forces? 166 social secu 218–18-		ohnson Rt. 14	Box 507	
requires that the death certificate be no signed by the attending physicion. Then please remove carbon papers in to burial, cremation, or removal. injury, as other traumatic event, the injury, as other traumatic event, the	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ENCE OF	minal disease or condition give	N IN PART 3(0)	
N: The low rate hysicion. It can be been transit permit. Hygiene prion 18 shows ony	TIFICATION	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
PHYSICIAN: ending physic this certificat the buriof-trans and Mentof Hyg d or frem 18 si	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHLY MEDICAL EXAMINER)  21d. INJURY OCCURRED		216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)	
	ME	WHILE NOT WHILE AT WORK	( AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	city or town	COUNTY STATE	
TTEN TTEN TOR for us of He		abave, (l) (we) (did) (did nat	al) attended the deceased fram_19_19_19_0	Qn IV	n death occurred on the date ond hour	, mai (t) (we) las	
by the Barry the Branch of the		22d. PHYSICIAN'S NAME (TYPE OR	R PRINT)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN A	12/21/80 CENTER	
TO HOSP retoined TO FUNE should be with the MIMPORTA	230.	DR. S. GII		6707 67	CHARLES ST., TO		
BP		(SPECIFY)  Burial  UNERAL DIRECTOR	12/26/80	ng Memorial Park Baltimore Cem.	Paltimore. M. ATE REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE	
DHMH-16 30M 2/80 (VRA 15, 4)		Wm C March F	'/H 1101^0E.	North Ave. DEC	8 0 1980 Kintony	McCresdy	

1: 11: 03 12 17 

FOR

- STATE

DHMH-16 25M (VRA 15, 4) 1/79 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

174 E. W. M. C. 124 LANGE VILLE SERVER × THE STATE OF THE S THE REAL PROPERTY OF THE PARTY FOR

- STATE

BP.

DHMH-16 25M

(VRA 15, 4) 1/79

REGISTRAR

RESTUARAUT LCOCK LAST PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN COUNTY STATE BALTIMORE ALTO MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REDISTRAR'S SIGNATURE ADDRESS . B. CONNELLY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2h HOUR

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

Call to O.S. D. S. Inc. Annual Control of the 58-10-151X ON MOUSE STATE OF THE SECOND MAIN ZISSTEPPS IN BALL 967 AND CARE NO The thirty was a second of the BURIAL INTER BACTAMENT SEN 15 ACT THE 

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(VRA 15, 4) 1/79

2/2/2 Authorized and their sections

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0	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 1 1 0
I. D	PECEASED NAME FIRST (PE OR PRINT)  Ellen	Florence	Hawkins		2 16 % 2b. HOUR 10 A
3.5		* RACE White Caucasion	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	
The state of	Balto, Maryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR C	
	CITY OR TOWN OF DEATH  Towson	11. NAME OF HOSPITAL, NURSII NOT IN SUCH FACILITY, GIVE STREET  ella Maris H	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Men's Milli	126. KIND OF BUSINESS OR
35 Man	UAL RESIDENCE (IF NURSING HOUSE STATE ryland	OTHER INSTITUTION, GIVE RESIDENCE BEFOR 13c. CITY OR TOV Baltimor	VN 113d INSIDE CITY LIMITS	5? 136. STREET ADDRESS 057 Woodwa	rd St.
3 20	FATHER'S NAME John	smith	15. MOTHER'S MAIDEN Margai		Geis LAST
	WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECULAR OR DATES) 217-03-0	Q+ 33 3	ADDRESS Maris Hospice	Dulaney Valley Rd.
event, the		ly one couse per line for (a), (b), or D BY: E CAUSE (a)	Brancho pricon	ONIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ather troumotice	Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	11	krieselvos m	
Y. 9.		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T		ION GIVEN IN PART 1(a)
S C on	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO NO
			AY YEAR  19	CURRED (ENTER NATURE OF INJURY II	n item 18 part 1 or part 2}
wed or	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is	220.1 certify that (1) (this hospit saw the deceased alive an abave, (1) (we) (did) (did no	tal) attended the december from 12-16	, and that in (my) (our) opin	nian death accurred on the date	and haur and fram the causes stated
T. If Item	22b. SIGNATURE	12	DEGREE ATTENDIN PHYSICIA	IG MEDICAL STAFF	271. DAY SIGHED
with the Stote [MPORTANT: If	22d PHYSICIAN'S NAME (TYPE O	Va Kluds 1	22. ADDRESS Stella	Maris Hospice	J-1925
≥ ≥ 230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c.	NAME OF CEMETERY OF CREMATO  Loudon Park	23d LOCATION Baltimore	countMarylandie
2/80	FUNERAL DIRECTOR NAME  1Ck Towson Funeral	ADDRESS 3	.050 York Road 250	DEC 1 7 1980	REGISTRAR'S SIGNATURE

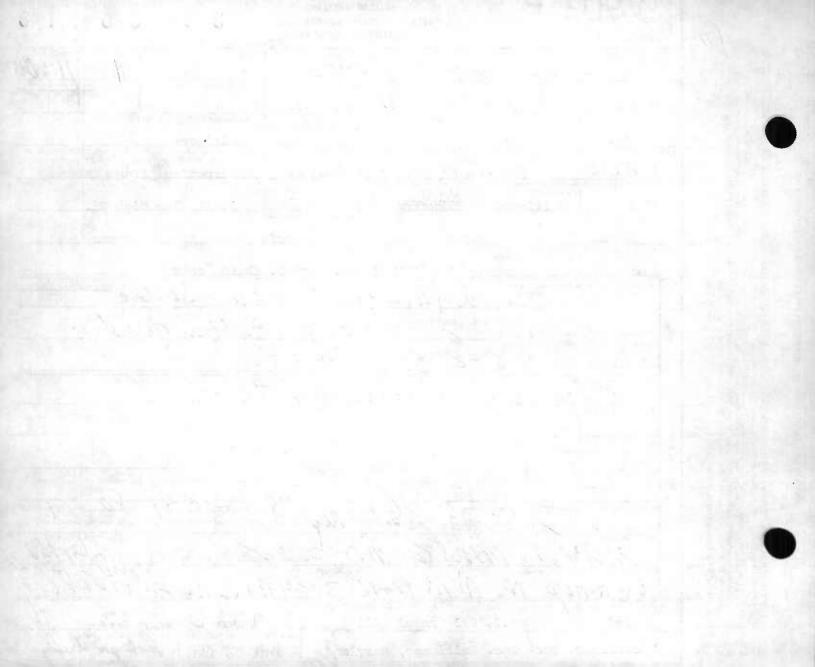
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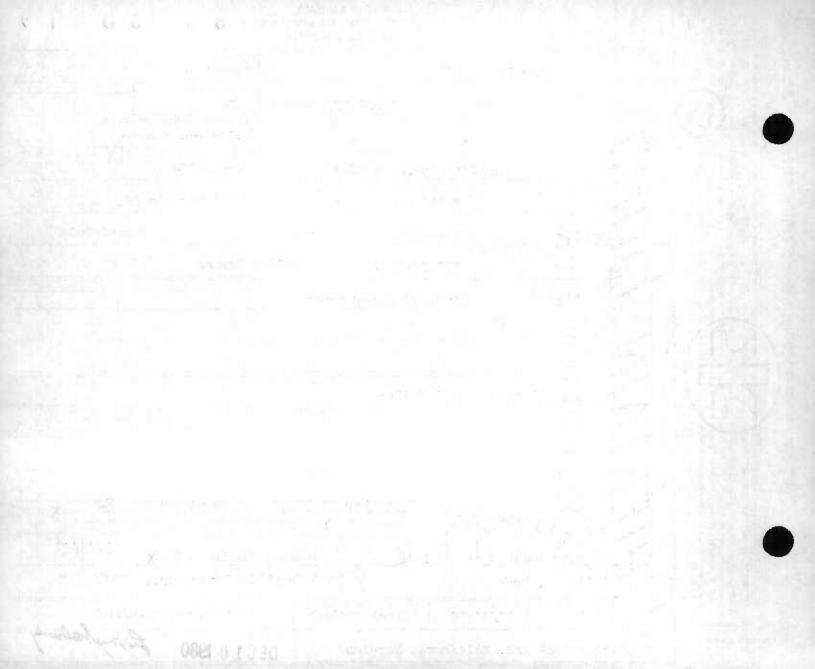
		CEASED NAME			WIDDLE		LA	sť	20	DATE OF	KNOWN ESTI-	MONTH	DAY YEA	26. HOL
	2 654		Edi.		Mae			awthorne			MATED	12 MONTH	25 19 80	0 14 - (32)
	3. SEX	ale	black	5. DATE OF BIRTH	YEAR	LAST BIRTHDAY	MONTHS	DAYS HOURS		RONOUN DEAD	CED	12	25 <sub>19</sub> 80	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		RTHPLACE (ST.		12 18 76. CITIZEN OF WH	41	39 YRS		day.	9		ORE CITY		NTY OF DEATH	
-		RYLAND		118			WIDOWE	XXVEVER MARK		Ba	ltimo	re Co	ounty	
	10. CI	LTIMORE		10 PANTS OF HOSE 1800 blk.	PITAL, NUR Bel A	SING HOME,	OR OTHER	RINSTITUTION	FOR MC	AL OCCUP OST OF WORL	(ING LIFE)	TYPE OF WORK	12b. KIND OF OR INDU	BUSINESS
	USUA 13a. S	L RESIDENCE (		OR OTHER INSTITUTION, GIV NTY	13c. CITY	BEFORE ADMISSION OR TOWN IMORE		Bd. INSIDE CITY LIMITS?	13e. STREE	T ADDRE		DN ST	/	
	14. FA	THER'S NAME		MIDDLE		AST	1	5. MOTHER'S MAID	EN NAME		DDLE		LAST	
		HN	ev/fm n · · · ·		TTERF			HENRETT	A		40000		LEE	
		AS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		IAL SECURITY		7. INFORMANT			ADDRE			
		18 CAUSE OF	DEATH (F-4	aly ane cause per line		38-772		ALBERT HA	WTHOR	NE	2304	ASHI	SURTON S	ATE INTERVAL
			ATH WAS CAUSE	DBY:		e inju	ກາ່ວຕ							ISET AND DEAT
	line.	815	IMMEDIA	12 011002 (0)		SEQUENCE OF								
	1		s, if any, which											
1		cause (a)	stating the under-		AS A CON	SEQUENCE OF								
		lying cou	e lost.	(c)				1.87						
	NO	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO OFATH B	UT NOT RELAT	EO TO THE TERMIN	AL DISEASE O	R CONDITION GIVEN IN P	ART 1 (a).	34				
-	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDIT	ION FOR V	VHICH OPERA	TION WAS	S PERFORMED?	20.74		11/11		20. AUTOP	SY?
	TIF			350									YES 🖫	NO [
2		210 EXTERNA UNDERLYING	CAUSE WAS	21b. TIME OF HOUR A.M. 3PM P.M.		DAY XEAR		vinjury occurr er of aut					PART 2)	
*	MEDICAL	CONTRIBUTION 214 INJURY O	IG CAUSE OF	DEATH SPIN P.M.		19								
	ME	WHILE AT WORK		STREE D'12	hway	C.)	7800	orblk. Be	L Air	Pos 10	Bal <b>t</b> i	imore	∘Co., Mo	• STATE
-		22a. I certif	y that I took char	ge of the remains desc	ribed abay	e, held an	Autopsy	Inspection	ın .	Inquiry	□, _	and in my	apinian	
>				iral couses	Accident X	X, Suic	ide .	Hamicide .	Undeter	mined mo	inner	],		
3		death resulte	d from: Natu	To cooses				TITLE (SPECIFY)						
3		death resulte	d from: Natu	it ha	W.	ALA		1.				DATI	F	1 00
3			May	with the	In	the M		Assistant				DATI	E 12-	26-80
		ACTUAL SIGNATURE_ EXAMINER'S I	MOY M	argarita A	. Kor	ell, M	.D.	Assistant 111	Penn			DATI	E 12-	26-80
3	23a.B	ACTUAL SIGNATURE_ EXAMINER'S I (TYPE OR PRIN	NAME M	argarita A		ell, M	.D.	Assistan 111 DDRESS	Penn	Stre		SIGN	VED	
L3 533	23a. B.I	ACTUAL SIGNATURE_ EXAMINER'S I (TYPE OR PRIN	NAME M	argarita A	23c. N	AME OF CEM	.D.	Assistant 111 DDRESS CREMATORY PK	Penn	Stre	et DRF	SIGN	NED	STATE
533-2	24. FI	ACTUAL SIGNATURE  EXAMINER'S I (TYPE OR PRIN JRIAL CREMAT PECIFY)  BURIAL UNERAL DIREC NAME	NAME M	argarita A  23b. DATE  12-30-80  ADDRESS	23c. N		.D.  ETERY OR	Assistant 111 DDRESS CREMATORY PK	Penn  133d LOC CITY OF  RA  REC'D. BY E	Stre	et DRF	SIGN	VED	STATE

nsPmg. 1 p.7-12/bil

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18-0-63 18-0-65 18-0-65 18-0-65 18-0-65 18-0-65 18-0-65 18-0-65 18-0-65 18-0-65 18-0-65 18-0-65 18-0-65 18-0-65 18-0-65 18-0-65 18-0-65 18-0-65 18-0-6

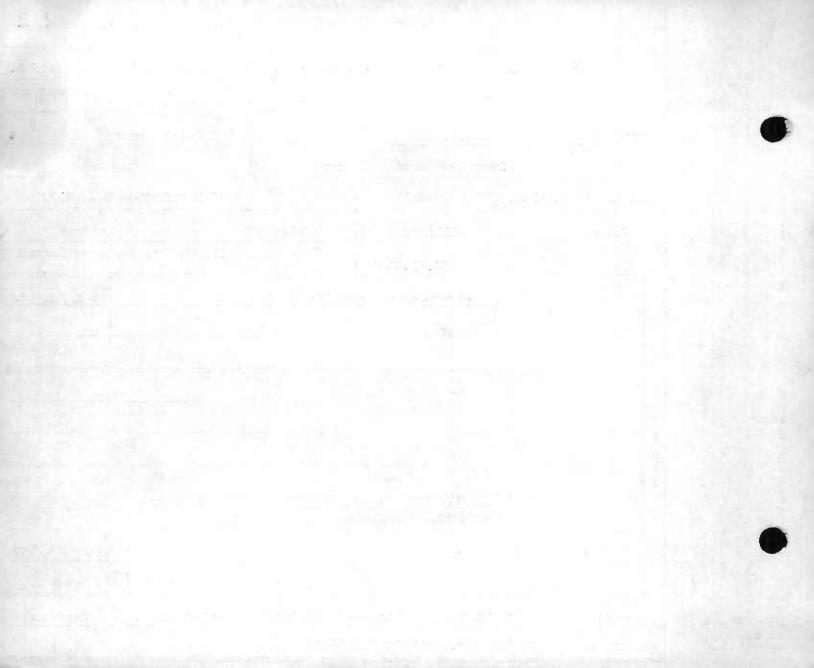




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(VRA 15 (4))



CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REG. NO.

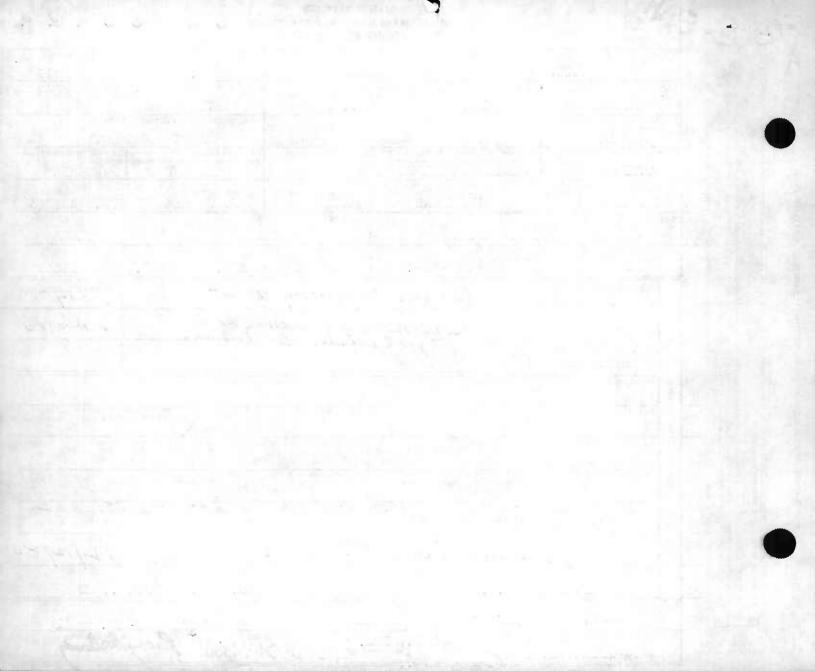
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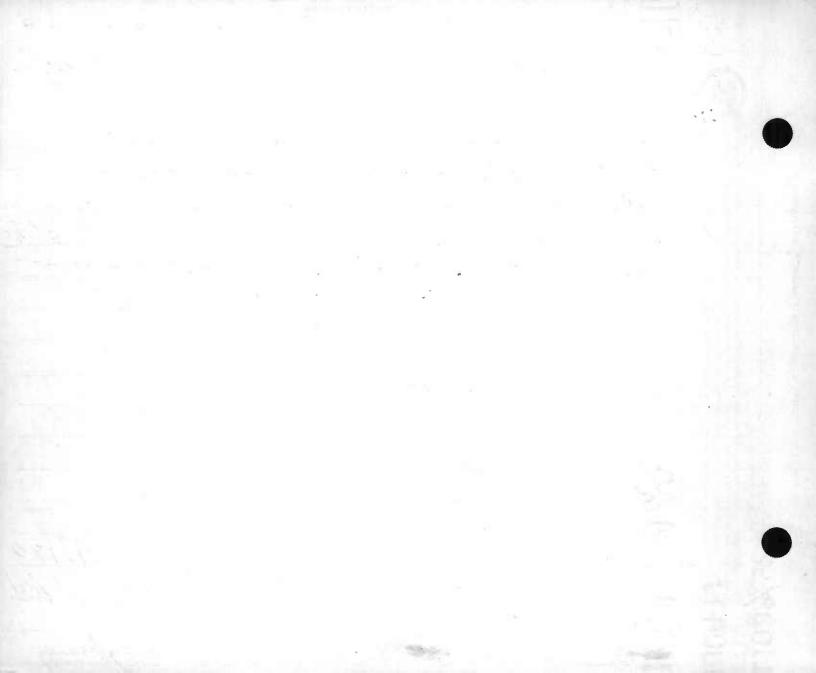
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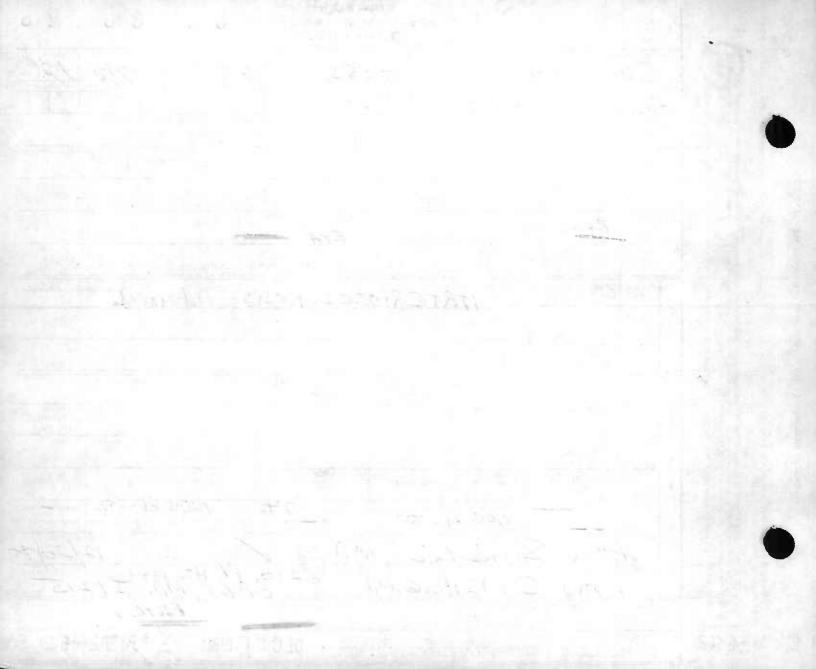
Table Stocks Lat

	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 0 3 0 4 2 4
100		ECEASED NAME FIRST	WIDDLE	LAST	28 DATE OF DEATH MONTH DAY YEAR 26. HOUR
[67])	L	ANNA		HENDIN	DEC . 12, 1980 5:15
200	3 5		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
0 0		FEMALE	WHITE	DEC.10, 1908	72 yrs.
90	7	BIRTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY M
90		BALTIMORE	JEWISH CONVALES	SCENT CENTER	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  SALESLADY  RETAIL
35	13 <sub>R</sub>	MARYLAND No COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW BALTIMORE	N 131 INSIDE CITY LIMITS YESXXX NO	3905 PRIMROSE AVE. #21215
3900			RNARD HENDIN		ETTA MILLMAN
t, the me		WAS DECEASED EVER IN U.S. AI 1YES, NO OR UNKNOWN) 11F YES, GN	RMED FORCES? TE WAR OR DATES)  16b SOCIAL SECU  216-01-2		ARY HENDIN ADDRESS  ROSE AVE. BALTO., MD 21215  APPROXIMATE INTERVAL BITMERN ONSELAND DEATH
rmit. Then please remove carline prior to burial, cremation, nows any injury, or other train	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  199 DATE OF OPERATION		NCE OF	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1101  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
lental Hygier or Item 18 s	MEDICAL CERTI	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	YES NO P YES NO NO CURRED   LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
th and w	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
NAT: If Item 21 is		sow the deceased alive or obove, (1) (we) (did) (did not	anuel Lee	M DEGREE ATTENDING PHYSICIAN	nion death occurred on the date and hour and from the causes stated  22c. DATE SIGNED  G V MEDICAL STAFF (1) (2) 8
should be de with the Star		MANUEL LEV		6101 PAI	RK HTS. AVE. BALTO., MD
£ 3 ≥	230	BURIAL, CREMATION, REMOVA	12/14/00	NAME OF CEMETERY OR CREMATO	RY 234 LOCATION COUNTY STATE ROSEDALE RALTO. ' - MD
HMH-16 25M	L	BURIAL	12/14/00	CHERNIGOVER	ROSEDALE BALTO. '- I





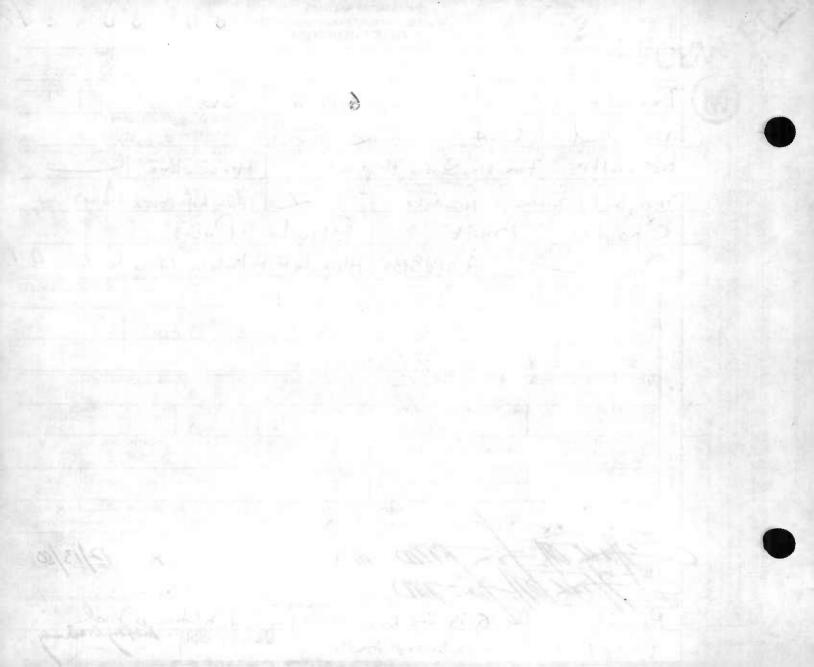
(VRA 15, 4) 1/79



	1	FOR STATE XC 13	002 871	DEPARTA		ALTH AND M		IENE 8 0		3 (	) 4	2/
	1 DF	REGISTRAR AU D		MIOOLE	LAS		. ATTI	REC 20. DATE OF DEAT	H MONTH	DAY	YEAR	2b HOUR
£ 4		E OR PRINT)  CHESTE		RNEST	HI			THE DAIL OF DEAT		24		24 HOOK
000	3.3E		4 RACE	MEST	5. DATE OF			6. AGE (IN YEARS LAS	12 ST BIRTHOAY)	24	80 DER I YEAR	IF UNDER 24 HRS
Ann)	1	MALE	BLACE	7	12	1.3	YEAR 22	5	0	MONTH	DAYS	HOURS MIN.
		IRTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	8			9. BALTIMORE CIT		NTY OF D	EATH	
1 503		VIRGINIA	U.S.	Α.		NEVER M.		BALTIMOR	E COID	עידע		MD
ed with		OPT HOLLARD	11. NAME OF	HOSPITAL, NURSIN CH FACILITY, GIVE STREET	IG HOME OF ADDRESS)			12a USUAL OCCUI	PATION	12	b. KIND O IDUSTRY	F BUSINESS OR
e e e	JUSU	ORT HOWARD AL RESIDENCE (IF NUR INTERES	OF OTHER INSTITUTION		AOMISSION)				-			
335		ARYLAND	UNTY	BALTIMO		3d. INSIDE CIT	Y LIMITS?	6225 YOR		ΛŒΝ	112	
3000 Show		ATHER'S NAME	MIDDLE	LAST_		5. MOTHER'S				ALI	LASI	r
ing physican and corporates. Pages in removal.		YES WW  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per SED BY: ATE CAUSE (a)	CARDIOPUL	MONARY			Alice Go ORDS VAMC	FOR	r HOW	BETWEEN	MDNort MDNort MATE INTERVAL DNSET AND DEATH
Then please remave or to burial, cremation, njury, or other traumo	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	(c)		EMBO ENCE OF CEREBI	RAL VAS		ACCIDENT'S		I GIVEN IN	N PART 1(c	2)
permit. The prior sws any is	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFOR	MED	20a AUTOPSY?	IN CE			OF DEATH?
burial-transit Mental Hygin or Hem 18 sha	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (  (IF EITHER, NOTHEY MEDICAL EXAMINATION OF COURRED)	DEATH HOUR A.	OF INJURY  M. MONTH DA  M.  OF INJURY	19	21t. HOW INJ		ED (ENTER NATURE OF		A 18 PART 1 C	OR PART 2)	
h and M	MEE	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F		STREET		CITY	ORTOWN		OUNTY	STATE
d for use of for use f. of Healt m 21 is mo		22a. I certify that X() (this has sow the deceased alive above, X() (we) (did) (did)	n 12	2/24 19		that in (∰) (	, 19 <u>80</u> our) opinion o	, to death occurred on the				
DIRI Oche Dep		22b. SIGNATURE	ilen	1 H.	1		TENDING	MEDICAL	STAFF			/25/80
should be deto with the State [ IMPORTANT: If	1	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	/		22e ADDRESS	HYSICIAN [	DIRECTOR PH	YSICIAN E	J	12	/ 27/00
wPOI		RUBEN REI						L CENTER,		HOW	ARD,	MD
- 0 > 2	23a	BURIAL, CREMATION, REMOVA	12/3	0/80 Cr		MEJERY OR CE		Crowns	ville	cou	UNTY	MDSTATE
	24 F	UNERAL DIRECTOR		110	1 E.	North	A TO DATE	E REC'D. BY REGIST	RAR 25h RE	CHERAP"	MULLING THE STATE OF THE STATE	Meda

EBOOMA THAT PLUSON HAC

Mark Line Lane AND PARTY AND RESELVED IN THE PROPERTY OF THE Speciment To its think grant was 100 to 1 0 200 Street Howns the feet of the state of the st Strenoll-Sode ald con line. .bl ..ouden



DHMH-16 30M 2/80 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA

ITAL HYG	HENE 8 0	3 0	4 3 0
41	Dec. 28, 1980	DAY YEAR	2b. HOUR
	6. AGE (IN YEARS (AST BIRTHDAY)	IF UNDER 1 YE	
YEAR 6	64 YRS.	MONTHS DA	
RIED 🗍	Baltimore City or Count	Y OF DEATH	MD
ton	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I) Ret. Designer 1		BUSINESS OR
LIAA ITCO	112. CIREET ADDRESS		

(TY	Walter	J.	Hirt			Dec. 28, 1	980		,
	Male	4 RACE White		5 DATE O		6. AGE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	HOURS MIN.
hi. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland		VHAT COUNTRY?	MARRIE WIDOWE	DED DIVORCED	9 BALTIMORE CITY O Baltimor	e Cou	ente	M
	Towson	Manor Manor	Care Nur	sing	Home Ruxton	120. USUAL OCCUPATION OF WORK FOR MOST OF Ret. Design	on Fworking life <b>ner F</b> (	Double Ser	F BUSINESS OR
	JAL RESIDENCE (IF NURSING HOME C STATE COU		DIVERESIDENCE BEFORE A 13c. CITY OR TOWN Baltimory	1	13d. INSIDE CITY LIMITS? YES X NO [	13e. STREET ADDRESS 3542 Nor	thway	Drive	
14 F	Joseph	WIDDIE	irt LAST		15. MOTHER'S MAIDEN NAME Christin	MIDDLE	Par	nuska LAS	π,
	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G)	RMED FORCES?	218-05-6		Mrs. Helen J	ADDRE			
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	Stonegr				
CERTIFICATION	PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE TERM	20g. AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.A	MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY ET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) (This hasp sow the deceased alive a	n	19		nd that in (my) (our) opinion (				that (I) (we) last
	obove, (I) (we) (did) (did n	view the body	Me deoth.		DEGREE	MEDICA) CYA		22c. DATE	

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

MD

22e ADDRESS

PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

Burlal

FOR

- STATE

REGISTRAR DECEASED NAME

Robert Mahon

204 23c. NAME OF CEMETERY OR CREMATORY

E. Joppa Road Baltimore, Md. Baltimore Dec. 31, 1980 St. Joseph - Fullerton

Balto.

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Leonard J. Ruck Inc. Baltimore, Md.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DEC 3 0 1980

Tel. 17 Tel. 18 Tel. 1 Carteria Tractal e e a 210-19-971 Pro. Miles J. eira Best A cel . orest game the company to the company of the company of the The confer examinate northeller - manch it Daylit.com Legard J. Ruer Inc. Balticore, 28. USC 3 0 800 June

FOR STATE		TE OF MARYLAND		500 00	640 B
REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	3 0	431
I. DECEASED NAME FIRE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR P
SAN	MUEL William HISS		DECEMBER	R 23,198	30 5:28 M
3. SEX	4 RAÇE 5. DATE	OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	DAYS HOURS MIN.
Male	White 02	06 1894	86	YRS.	DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEA	ATH
Maryland	USA WIDOW		BALTIMO	ORE COUN	ITY MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME JE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION		KIND OF BUSINESS OR USTRY
TOWSON	ST. JOSEPH HOSPI	TAL	Engineer	Am.	
USUAL RESIDENCE (IF NURSING HE 130. STATE		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
Maryland Maryland	Baltimore	YESXEX NO	4301 Spri	ngwood	Avenue
Samuel	MIDDLE LAST Hiss	15. MOTHER'S MAIDEN NA.	WIOOFE		LAST
8 - 160 WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
YES NO OR UNKNOWN) (1F)	WW I 215-01-287	Lillian E.	Hiss 43	01 Sprin	ngwood Aver
underlying couse to PART 2. OTHER SIGNIFIC	he DUE TO, OR AS A CONSEQUENCE OF	T NOT RELATED TO THE TERM	inal disease or cond	DITION GIVEN IN P.	ART 1(o)
190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX.	OF DEATH AMINER)  OF DEATH P.M. 19  ZIO PLACE OF INJURY	211. LOCATION STREET		Y IN ITEM 18 PART 1 OR P	PART 2)
22a I certify that (4) (this	hospital) opended the deceased from DEC	nd that in (X)X(our) opinion			(1- (11-0) 10-31
226. SIGNATURE  226. PHYSICIAN'S NAME	(TYPE OXPHINI)  DIZON, M.D.  OVAL 23b. DATE 23c. NAME OF CALL 227/80 Oak La	ATTENDING PHYSICIAN DE 1220 ADDRESS 7620 YORK	MEDICAL STAF DIRECTOR PHYSIC		Det 23, 1980

Entropy and the state of the contract of the c The Africa Table Table To the Addition of Table Table